

## Infant Child of Louis and Alexander

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>1906</u>		Town <u>Frederick</u>	County <u>Frederick</u>	MARYLAND	
Date of death	Month <u>May</u>	Day <u>22</u>	Age <u>1 hour</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Louis and Alexander</u>	Father's Birthplace <u>Frederick</u>				
Mother's Maiden Name <u>Padie G. Haupst</u>	Mother's Birthplace <u>Frederick</u>				
Name of person giving information <u>Louis and Alexander</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature birth

(16)

How long

Immediate

non viability

How long

Are the name, age, sex, color, date and place correctly given above?

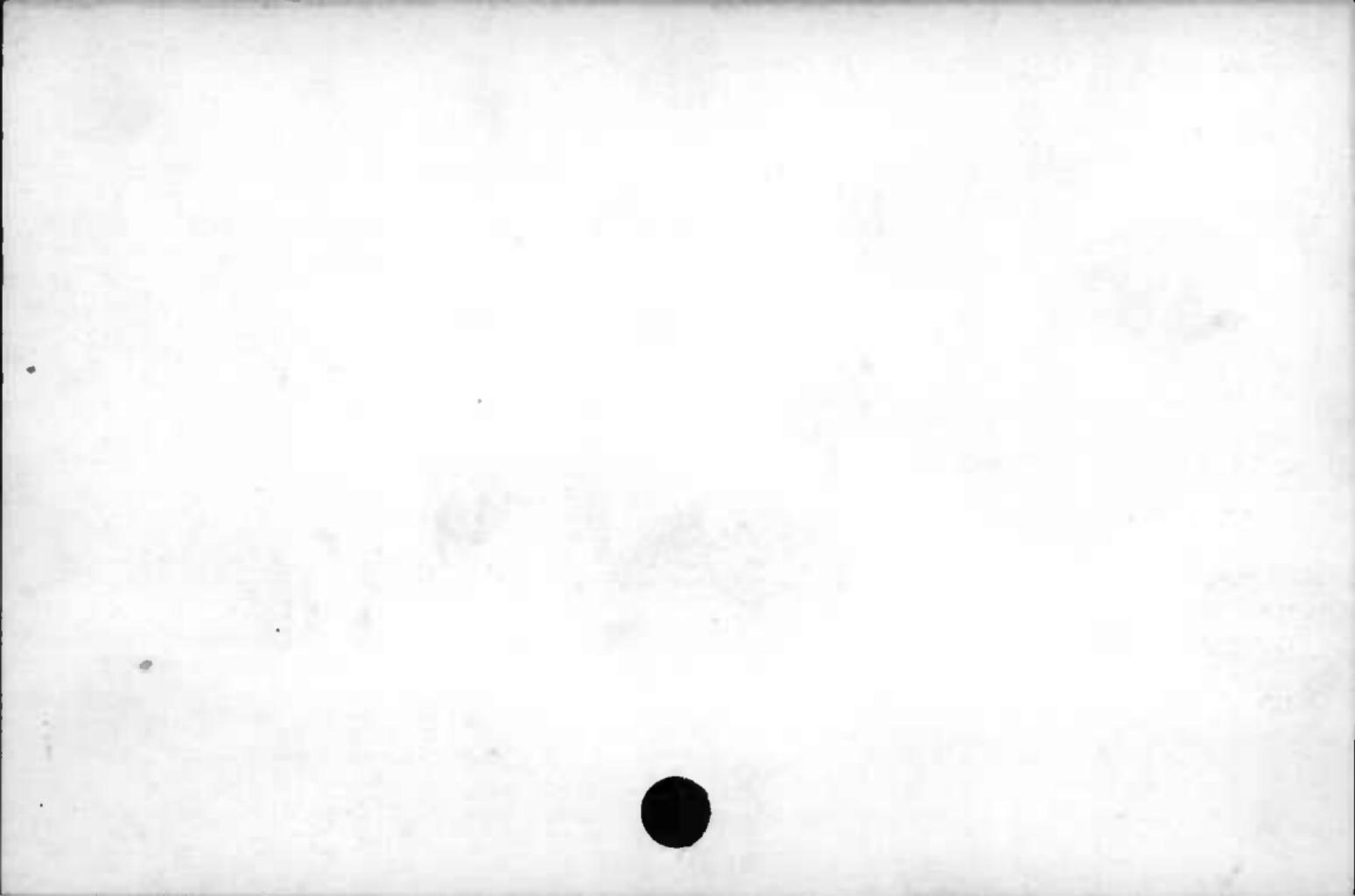
Yes

Signature of Physician

Ed. Brooklyn  
Middleton  
End

Address

Accident or Suicide?



Name  
in  
Full

William H. Andrews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	May	18	74		9		
Sex	Male	Color or Race	White		Baltimore		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Clarissa Brueger				
Father's Name	Jacob Andrews		Father's Birthplace			Dunkirk	
Mother's Name	Sarah Shank		Mother's Birthplace			Baltimore	
Name of person giving information	Mrs. Wm. Andrews		How related to deceased			His wife.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Gangrene

How long

7 months

Immediate

Idiopathic Disease of Heart

How long

Are the name, age, sex, color, date and place correctly given above?

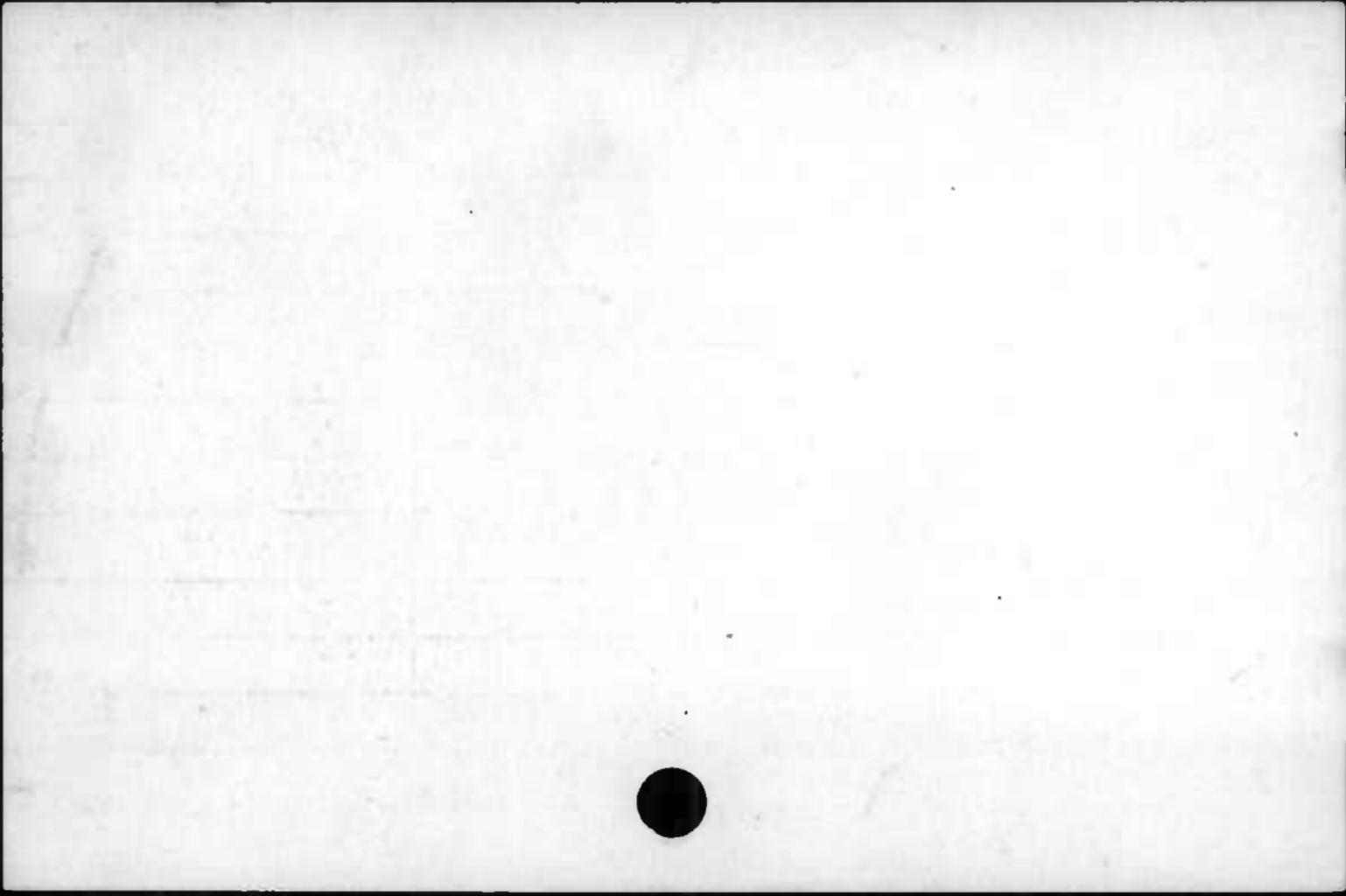
Yes

Signature of Physician

Address

Dr. Hale,  
Woodlawn,  
Md.

Accident or Suicide?



Name  
in  
Full

Benj. F. Boteler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age	82	10	12
Married, Single or Widowed	Widower		Occupation	Butcher		
Name of Wife or Husband			Deceased			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Mrs Michael		How related to deceased			
Daughter						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease



How long

6 mo.

Immediate

Sanguinous Frost

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

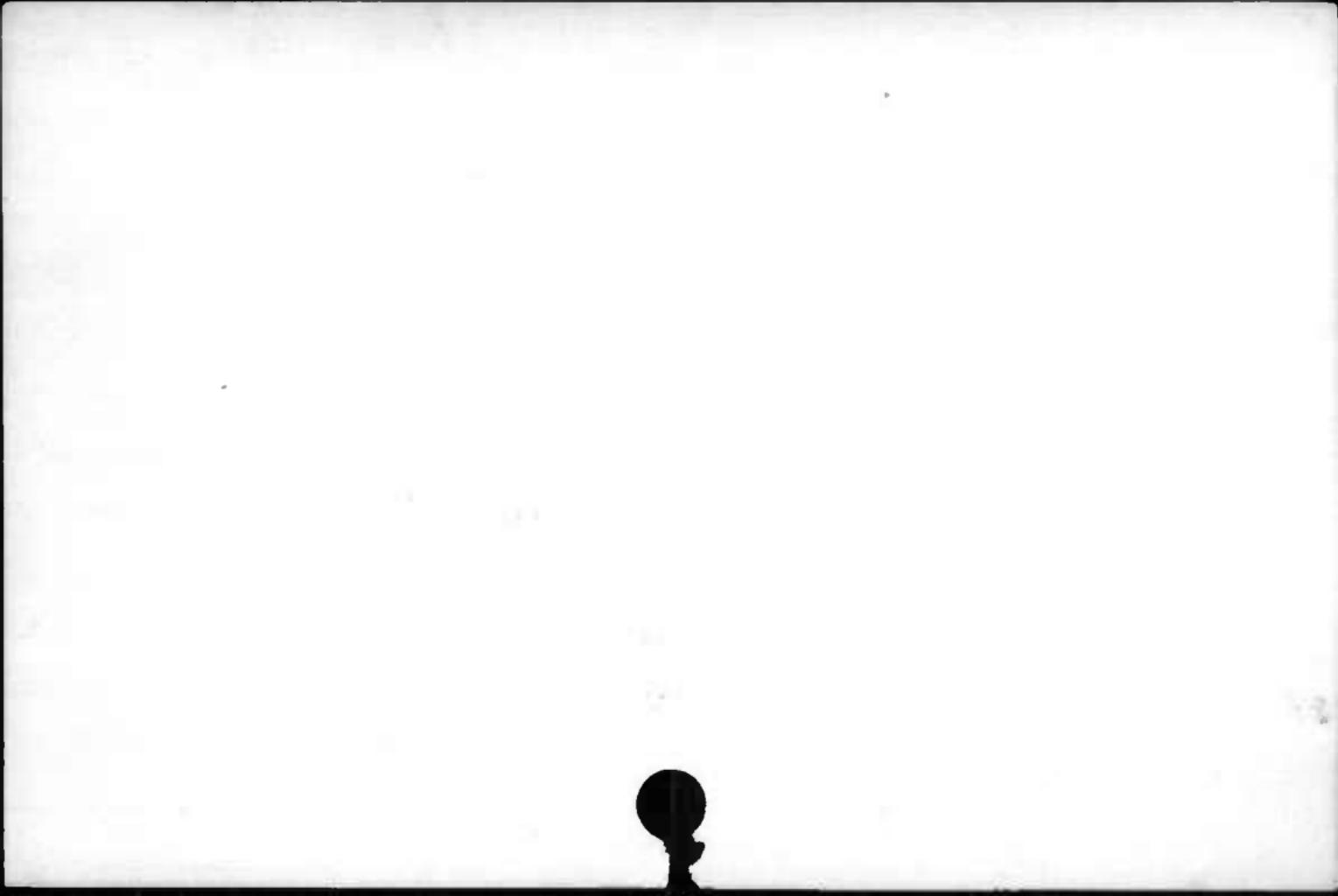
Yes

Signature of Physician

Address

T. Clyde Routsone  
Buckey-town

Accident or Suicide?



Name  
in  
Full

Slice Brightner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Walkersville</u>			County <u>Frederick</u>			MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>3</u>	Age <u>41</u>	Years	9	Months	16	Days
Sex <u>Female</u>	Color or Race <u>white</u>				Birth- place <u>Co</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>"</u>							
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Michael Brightner</u>							
Father's Name <u>John Jones</u>	Father's Birthplace <u>Co</u>							
Mother's Maiden Name <u>Elizabeth Amy Right</u>	Mother's Birthplace							
Name of person giving Information <u>I. A. Shanett</u>	How related to deceased							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Consumption</u>	How long <u>21 mos</u>
Immediate		How long

Are the name, age, sex, color, date  
and place correctly given above?

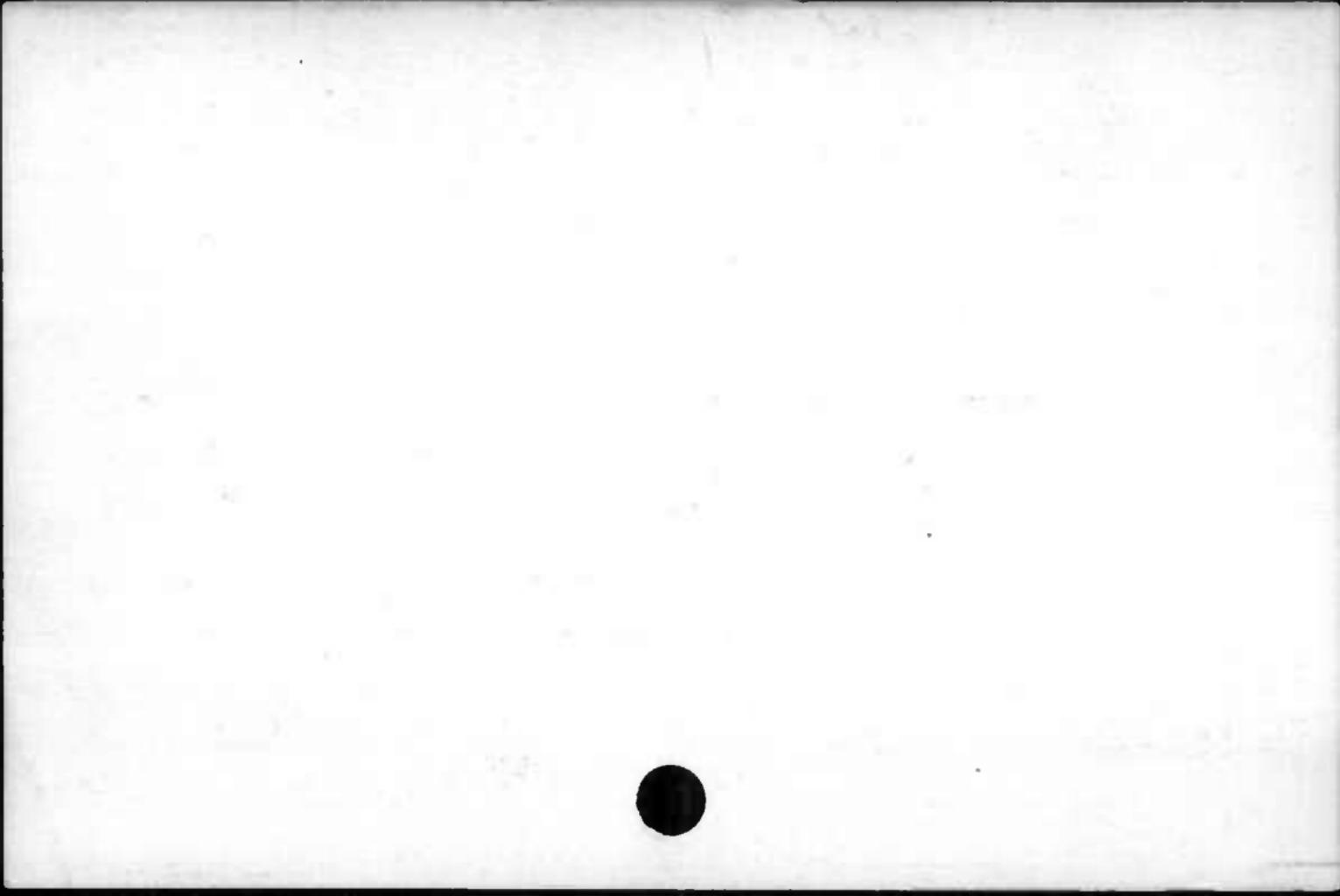
Yes

Signature of  
Physician

W. E. R. MILLER  
FREDERICK, MD.

Address

Accident or Suicide?



Name  
in  
Full

Brush

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County			
Frederick				"			
Date of death	1906	Month	5	Day	13	Years	—
Sex	Female	Color or Race	Wh	Birth- place	md	Months	—
Occupation	x	Where Residing if not at place of death					x
Married, Single or Widowed	x	Name of Wife or Husband					x
Father's Name	Bernard A. H. Brush					Father's Birthplace	md
Mother's Maiden Name	Kate. L. Davis					Mother's Birthplace	md
Name of person giving Information	B. A. H. Brush					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still birth

How long

9 mos

Immediate

Unknown

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. F. Goodhue M.D.  
Frederick, Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Butler

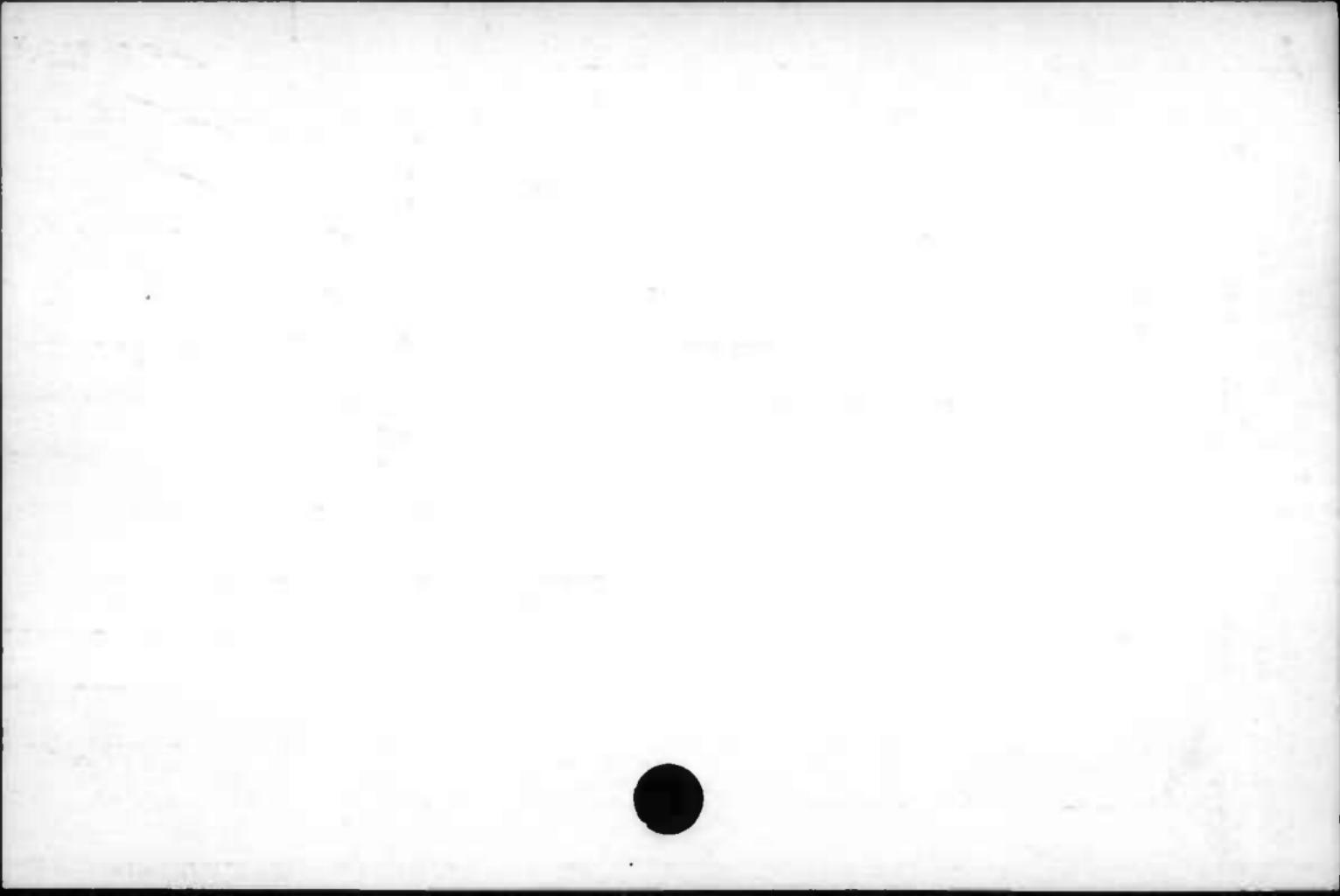
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County		
Esmitsburg		Frederick			
Date of death	Month	Day	Years	Months	Days
1906	5	26	Age	8	
Sex	Female	Color or Race	Black	Birth-place	Mid
Occupation	Laundress		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John A. Butler		Father's Birthplace	Md	
Mother's Maiden Name	Amie Mitchell		Mother's Birthplace		
Name of person giving information	John A. Butler		How related to deceased	Father	

CAUSES OF DEATH

Primary	Whooping Cough	8	How long	3 weeks
Immediate	Pneumonia	8	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. E. Stover
			Address	Esmitsburg
Accident or Suicide?				Md



Mabel Chambers

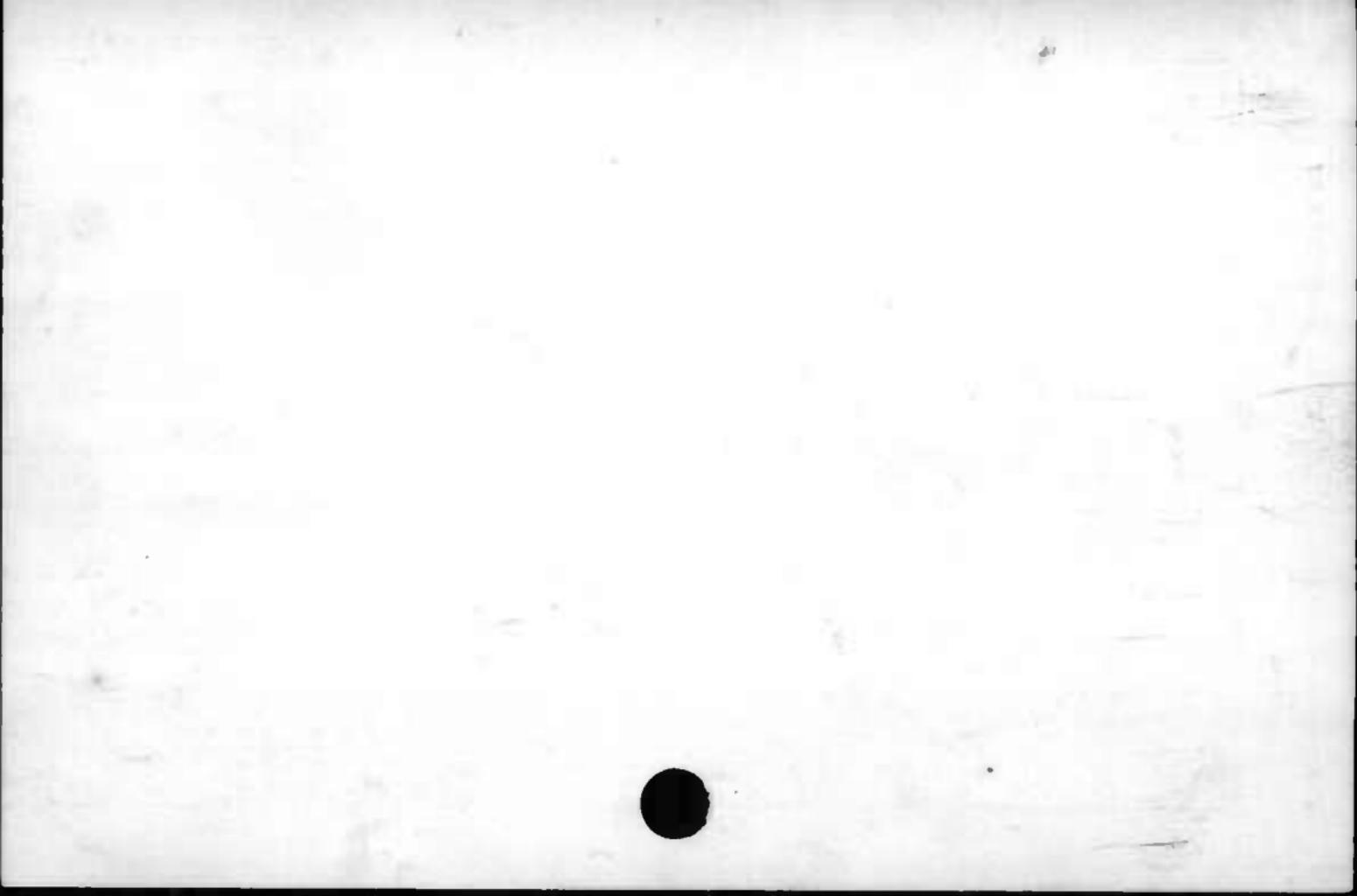
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month 5	Day 25	Age 64	Years	Months X
Sex	Female	Color or Race	Bellevue		Birth-place	Md
Occupation	H. W		Where Residing if not at place of death		X	
Married, Single or Widowed			Name of Husband	Frank Chambers		
Father's Name	X				Father's Birthplace	X
Mother's Maiden Name	X				Mother's Birthplace	X
Name of person giving Information	Kato Frazier				How related to deceased	daughter

## CAUSES OF DEATH

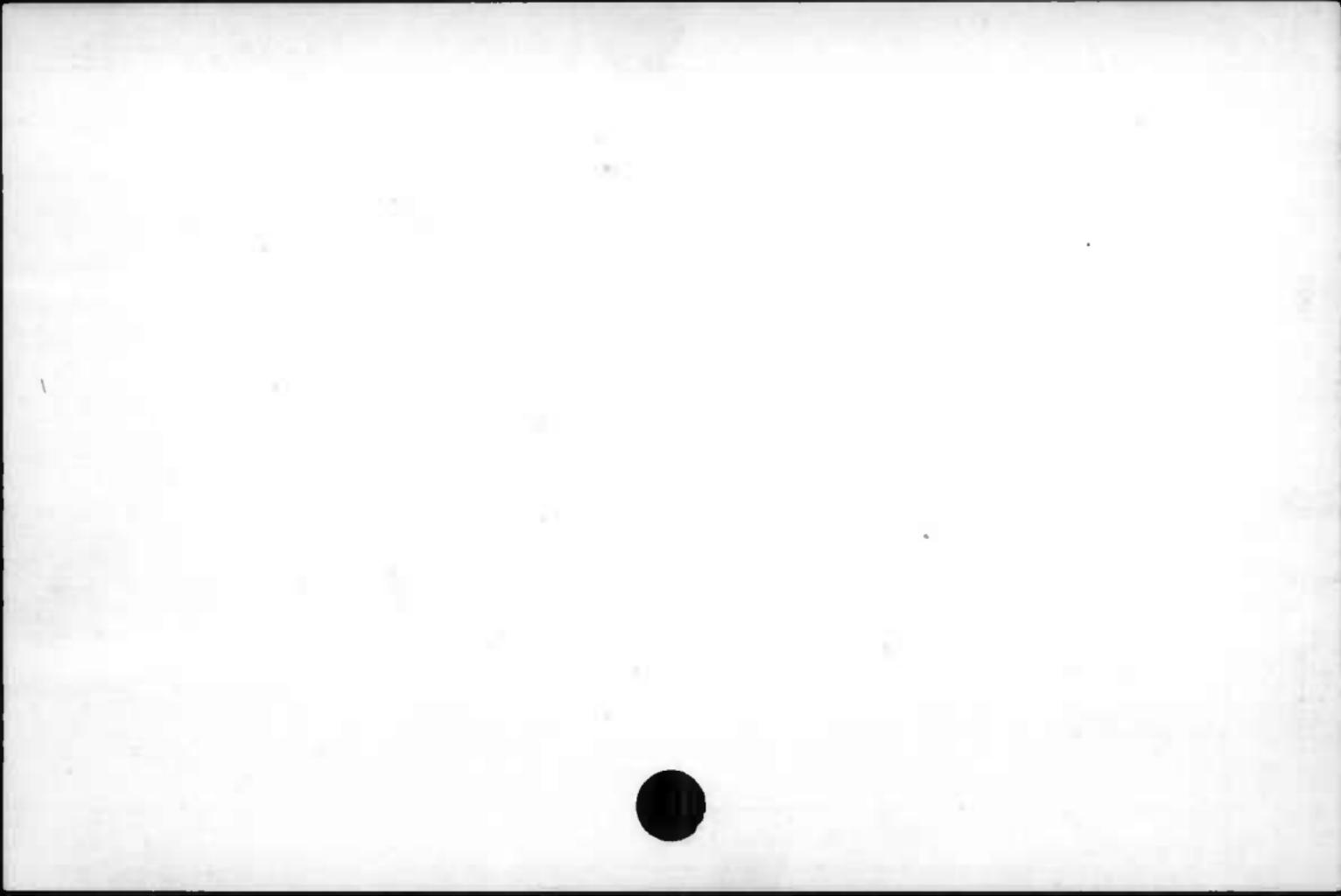
Primary	H. Hypertrophy of heart. 79		How long	On Roads
Immediate	Paroxysm of asthma		How long	one hour
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. A. Long
			Address	City
Accident or Suicide?				



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		book		
Date of death		Month	Day	Years	Months	Days	MARYLAND
1906		May	22	Age	still born		
Sex		Male	Color or Race	white			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Victor L. Leoson					
Mother's Maiden Name		Belle Dixon					
Name of person giving information		Father					
CAUSES OF DEATH							
Primary		Protracted labor					
Immediate							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?							

J. J. Hendrix, M.D.  
Frederick, Md.



Name  
in  
Full

Still Born Infant Favile

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Thurmont</u> - <u>Md</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>17</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>E. Favile</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Rose B</u>	Mother's Birthplace				
Name of person giving information <u>Morris A. Birley</u>	How related to deceased <u>Physician</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bohacked Labor How long  
How long

Immediate How long

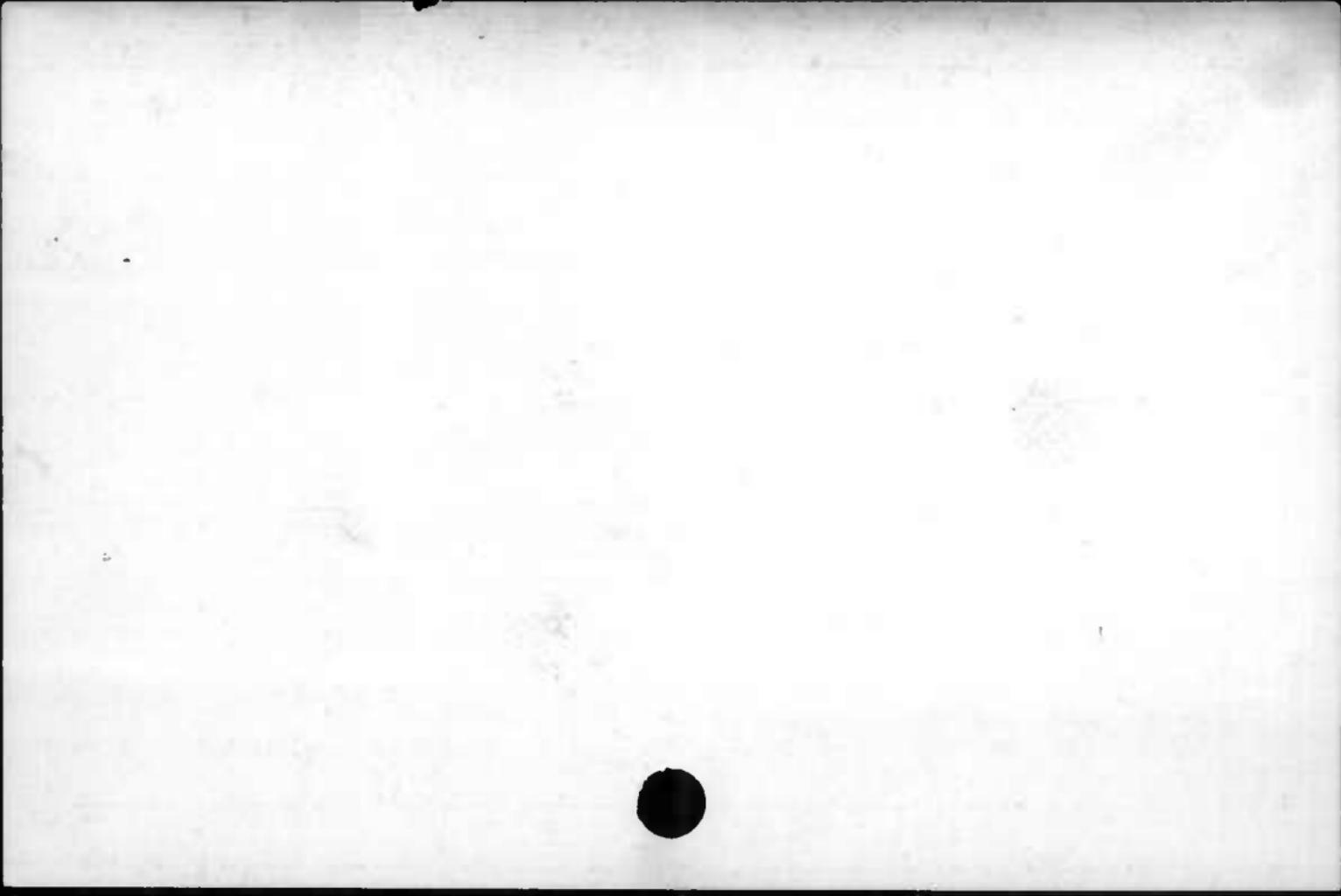
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Morris A. Birley  
Thurmont - F  
Md.

Address

Accident or Suicide?



Name  
in  
Full

Hattie F. Foy

5/6/1911

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Montgomery Hospital	Frederick				
Date of death	1906	Month May	Day 14	Years 38	Months 9	Days 2
Sex	Female	Color or Race	White		Birth-place	Jefferson
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Isaac H. Foy				Father's Birthplace	Lovettsville Va
Mother's Maiden Name	Mary E. Shaff				Mother's Birthplace	Jefferson Md
Name of person giving Information	Miss H. M. Shrook				How related to deceased	No

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inasidity

153

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. S. Jefferson  
Frederick  
Md.

Accident or Suicide?

4  
5



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Arnold Franklin Gearinger				MARYLAND	
Died at		Town	County		
Date of death	1906	Month May	Day 29	Year 1906	Months
Sex	Male	Color or Race	White	Days	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Jacob R. Gearinger				
Mother's Maiden Name	Bertha Legore				
Name of person giving Information	Jacob R. Gearinger				

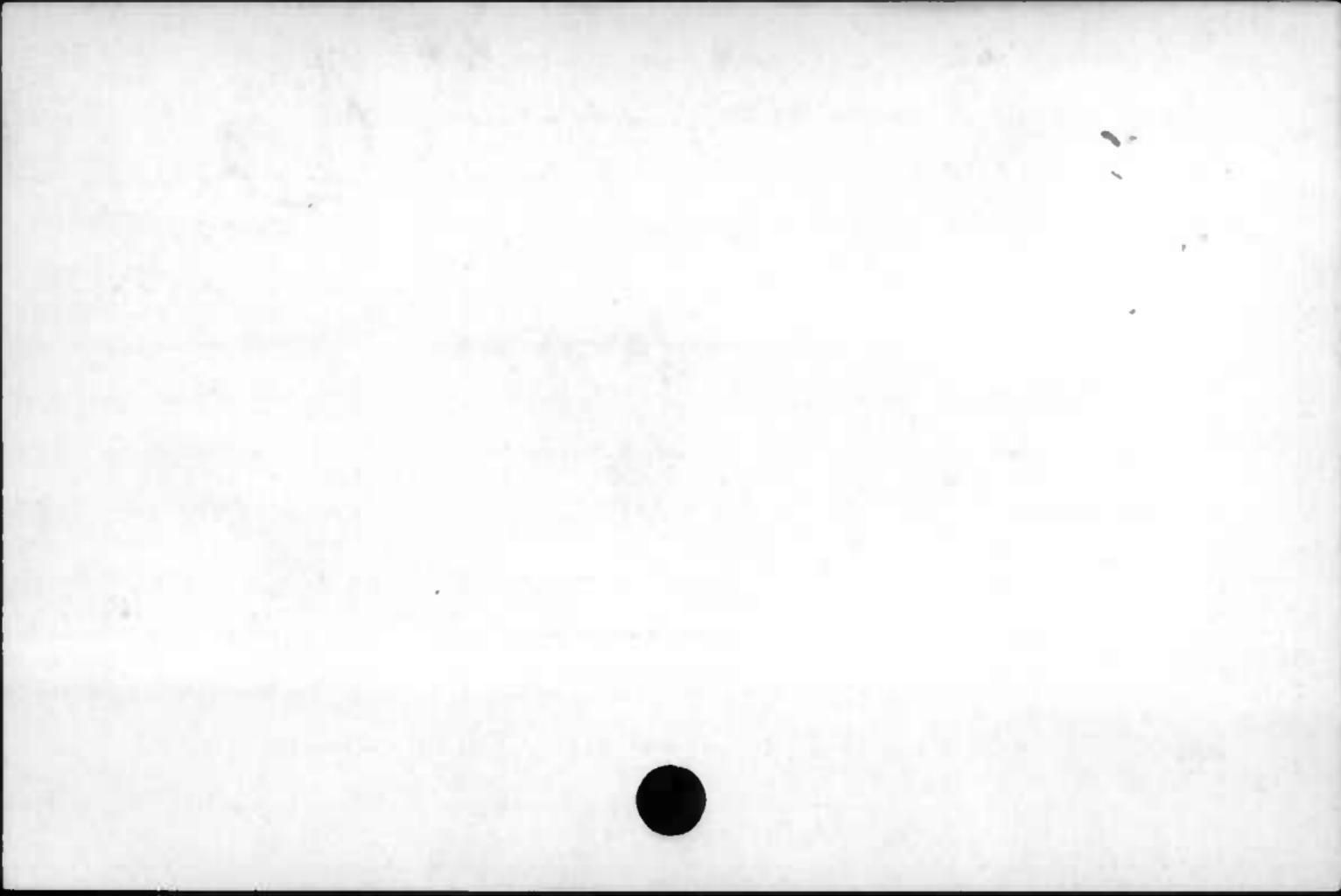
CAUSES OF DEATH

(151)

Primary	How long
Immediate	How long
Congenital Atelectasis	9 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	

J. D. S. Young

Breagertown  
Frederick Co.



Name  
in  
Full

Joseph Glaze

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place			
Occupation	retired Farmer	Where Residing if not at place of death			East church st		
Married or Widowed	Widowed	Name of Wife or Husband	Margaret Glaze			Daughter	
Father's Name	David Glaze	Father's Birthplace			60		
Mother's Maiden Name	Elizabeth Farny	Mother's Birthplace			60		
Name of person giving information	Son Worthy Glaze	How related to deceased			son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility

How long

Two months

Immediate

Heart Failure

How long

6 days

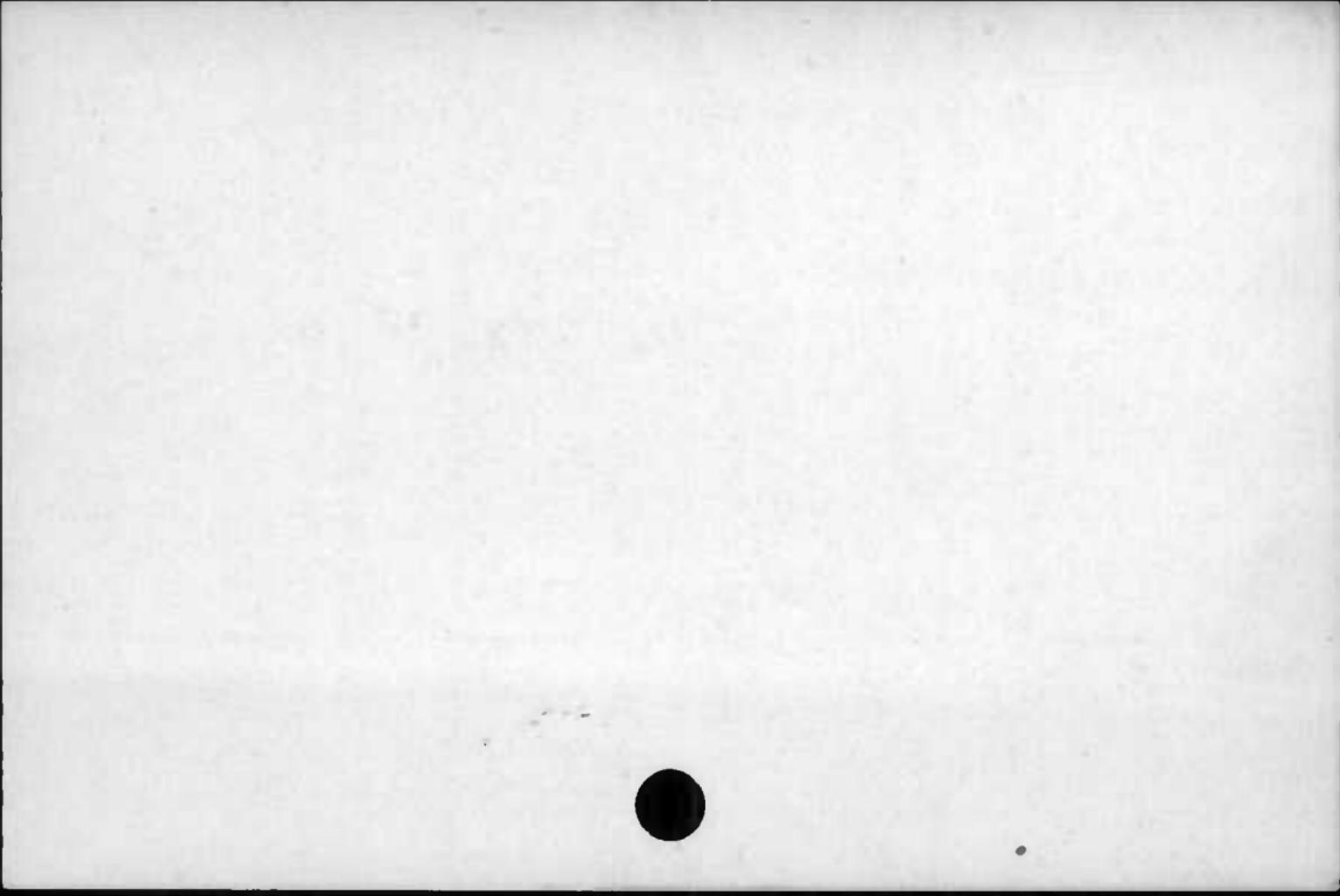
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

T. B. Johnson  
Frederick City  
Maryland

Accident or Suicide?



Name  
in  
Full

Peter D. Lugenbeel

CERTIFICATE OF DEATH

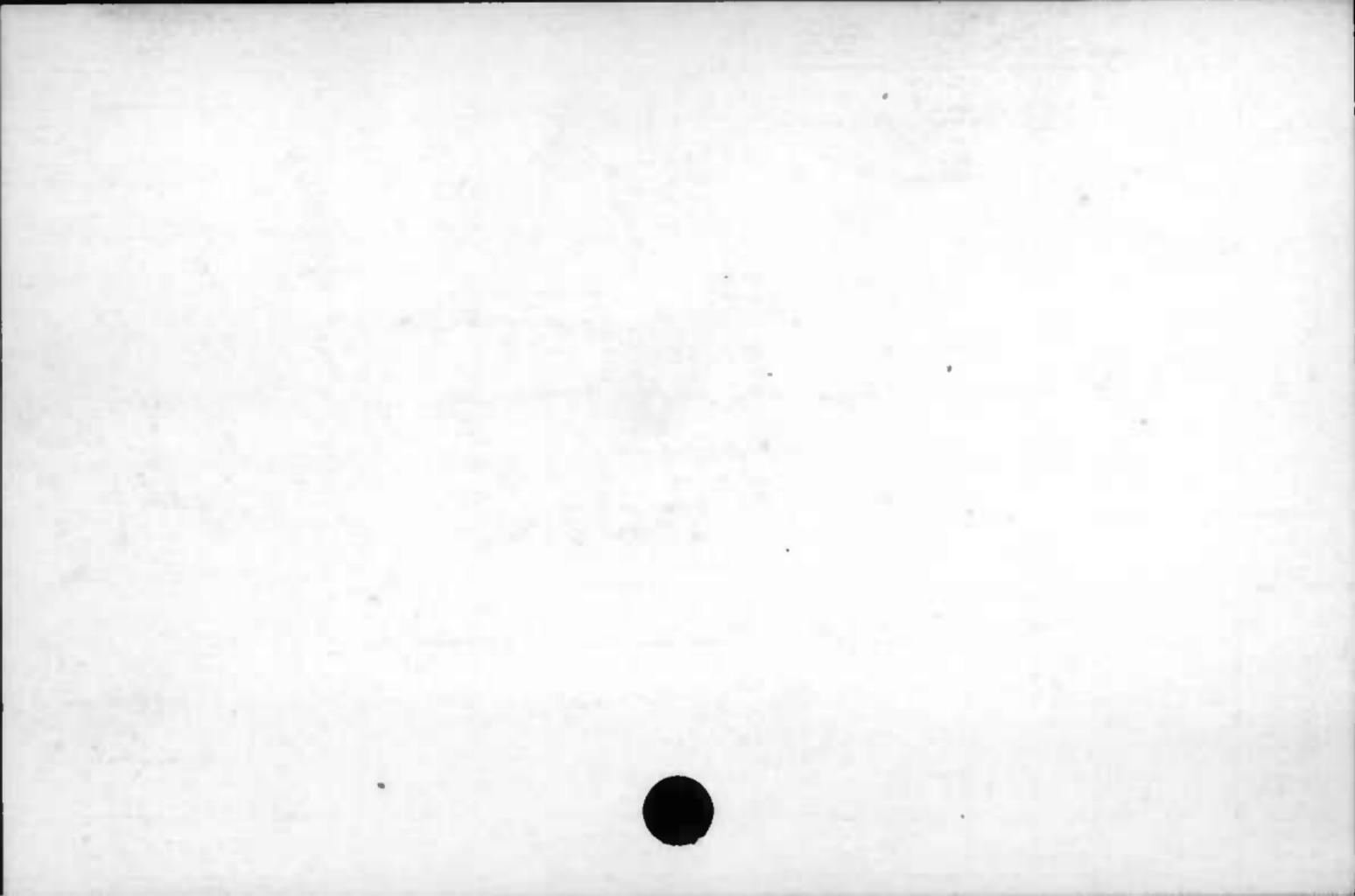
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Frederick		Frederick					
Date of death	Month	Day	Years	Months	Days		
1906	May	29	65-	4	18		
Sex	Color or Race	white		Birth-place			
Male				Frederick Co Md			
Occupation	Where Residing if not at place of death						
Coach Painter							
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Mother's Name					Father's Birthplace	
Moses Lugenbeel						Frederick Co Md	
Mother's Maiden Name	Charlotte Kramer					Mother's Birthplace	
Charlotte Kramer						" " "	
Name of person giving information	65					How related to deceased	
Joseph L. Casy						Nephew	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Progression Softening of the Brain	How long	Years
Immediate	Uraemia	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Heedix, M.D.
		Address	Frederick, Md.
Accident or Suicide?			



Name  
in  
Full

Chas L. Hawkins

CERTIFICATE OF DEATH

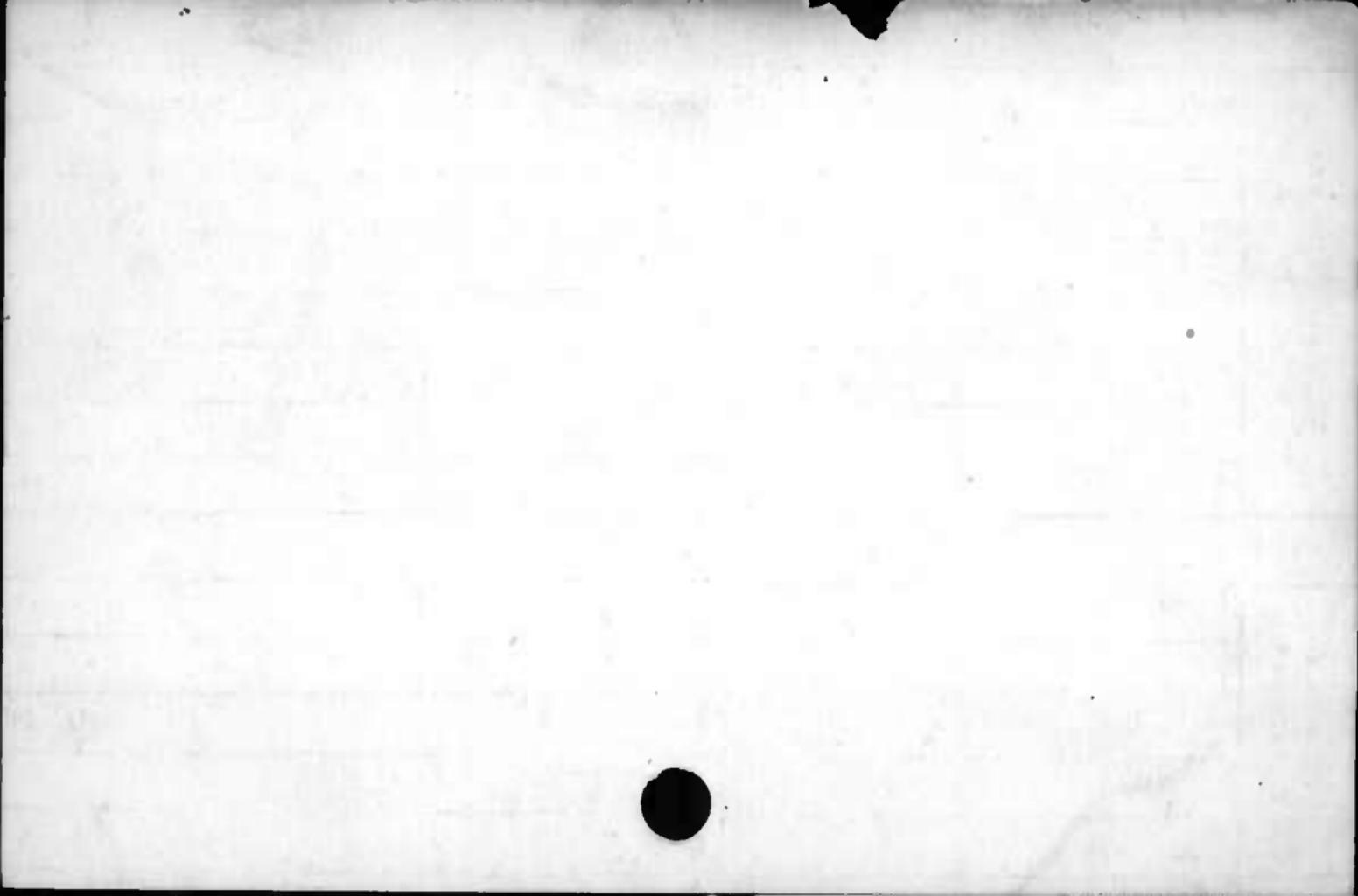
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	White 74 10		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	A. W. Hawkins			Father's Birthplace	52
Mother's Maiden Name	Emma Harris			Mother's Birthplace	3rd
Name of person giving information	Emma Hawkins			How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia & heart 93		How long	20
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. W. H. G. Gresham	
Address				
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

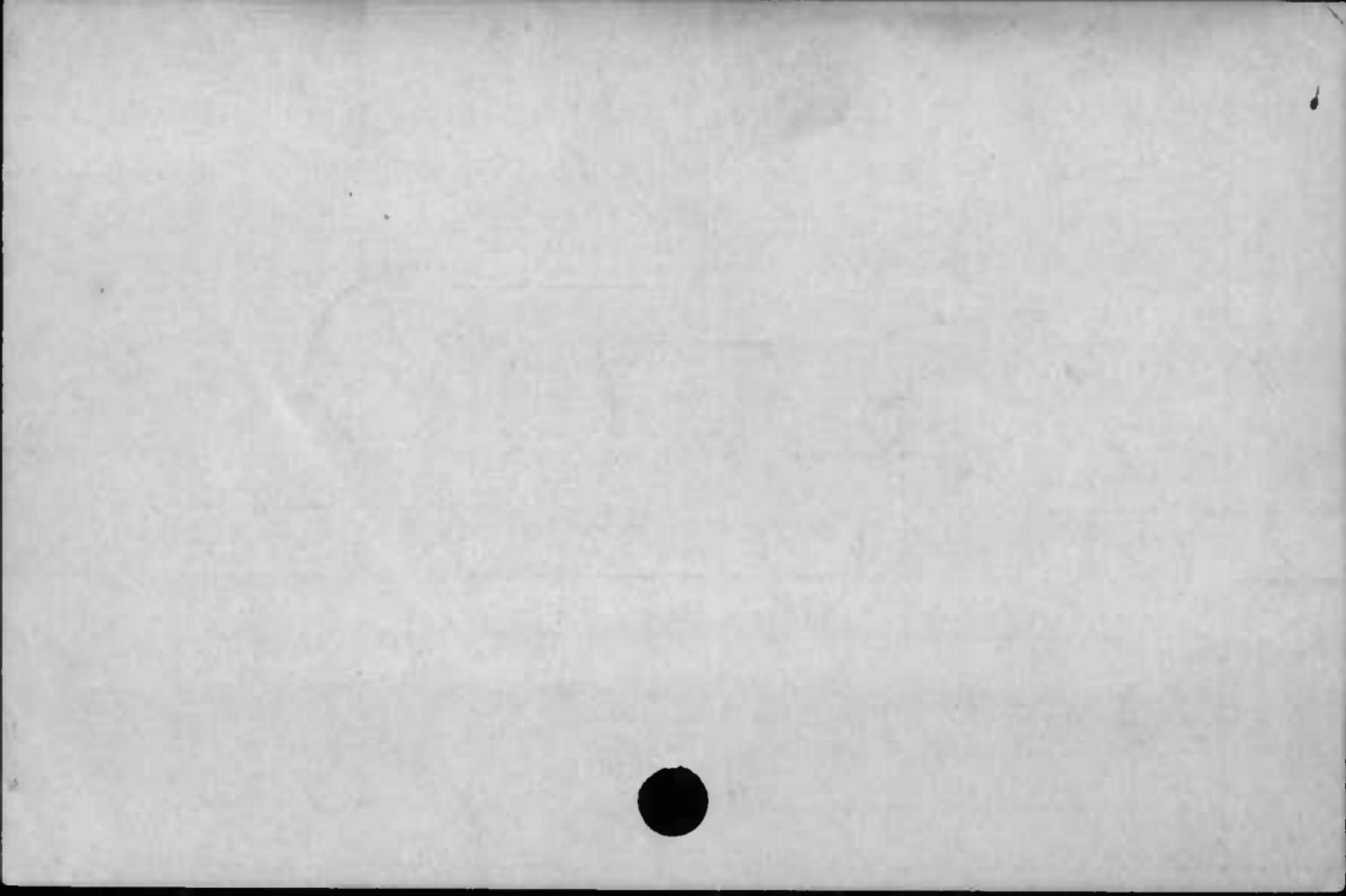
PHYSICIAN  
OR CORONER

Barley S Hedges

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 26	Years 68	Months none	Days none
Sex	male	Color or Race	white			
Occupation	conductor					
Married, Single or Widowed	Widowed					
Father's Name	B S Hedges					
Mother's Maiden Name						
Name of person giving Information	Mrs A Miller					
CAUSES OF DEATH						
Primary	Heart Failure				How long	
Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Accident or Suicide?			Address			

Dr Hedges & West  
Brewerick  
Md



Name  
in  
Full

Virginia H. Hickey

CERTIFICATE OF DEATH

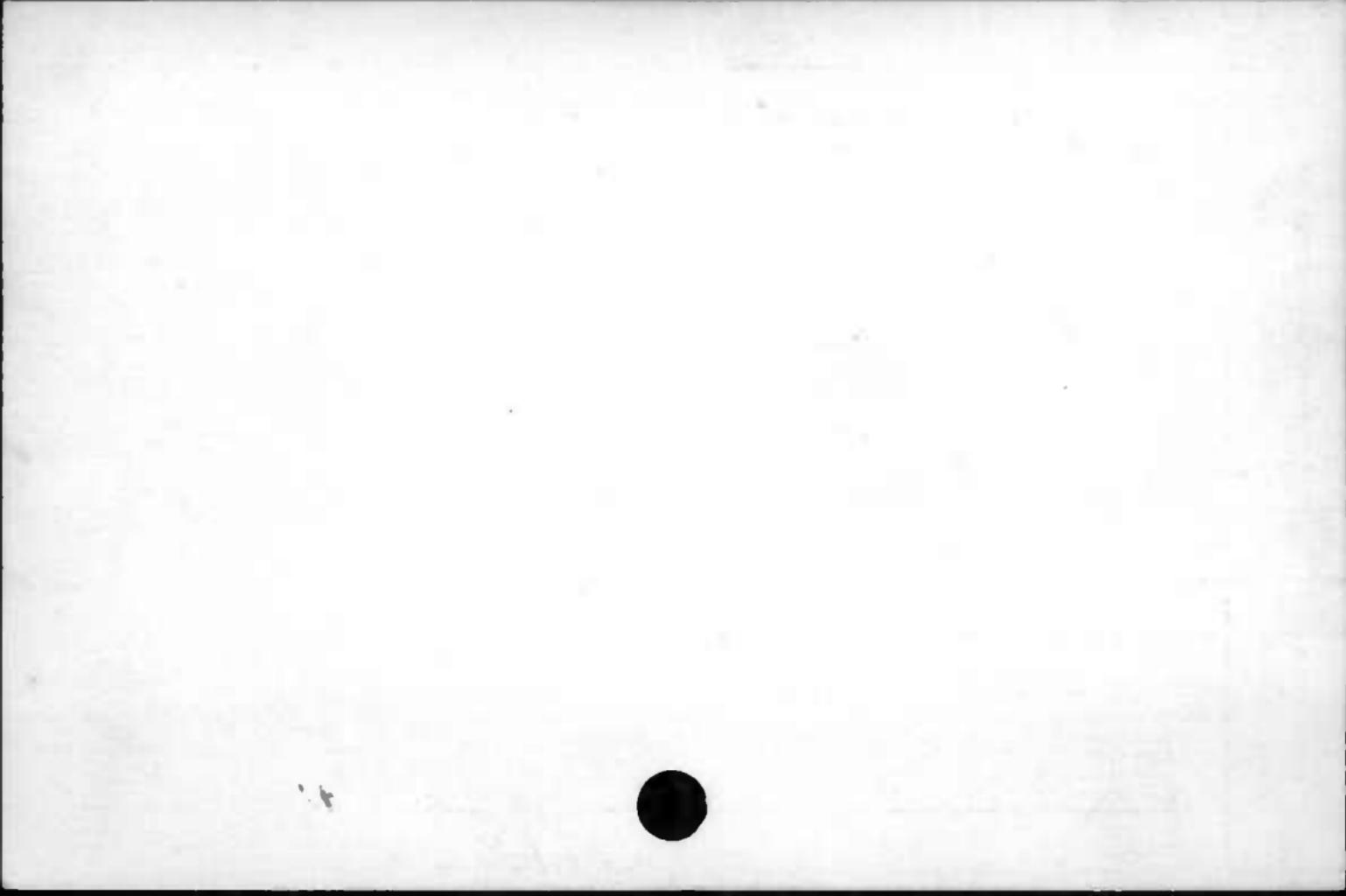
To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Humplow</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>18</u>	Years <u>—</u>	Months <u>—</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>near Humplow</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John H. Hickey</u>	Father's Birthplace <u>Humplow</u>				
Mother's Maiden Name <u>Gertrude Purdon</u>	Mother's Birthplace <u>near Humplow</u>				
Name of person giving Information <u>R.C. Foot M.D.</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Convulsions</u>	<u>11</u>	How long <u>48 hrs</u>
Immediate	<u>Convulsions</u>	<u>11</u>	How long <u>48 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J.C.</u>	Address <u>R.C. Foot M.D.</u> <u>Kemplow</u> <u>Md</u>
Accident or Suicide?			



Name  
in  
Full

Arthur William House

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Buckeystown		Frederick				
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Buckeystown	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John W. House					
Mother's Maiden Name	Alt. F. Rohrbach					
Name of person giving information	John W. House					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malnutrition  
Exhaustion

151

How long

From Bill

Immediate

Exhaustion

How long

From Bill

Are the name, age, sex, color, date and place correctly given above?

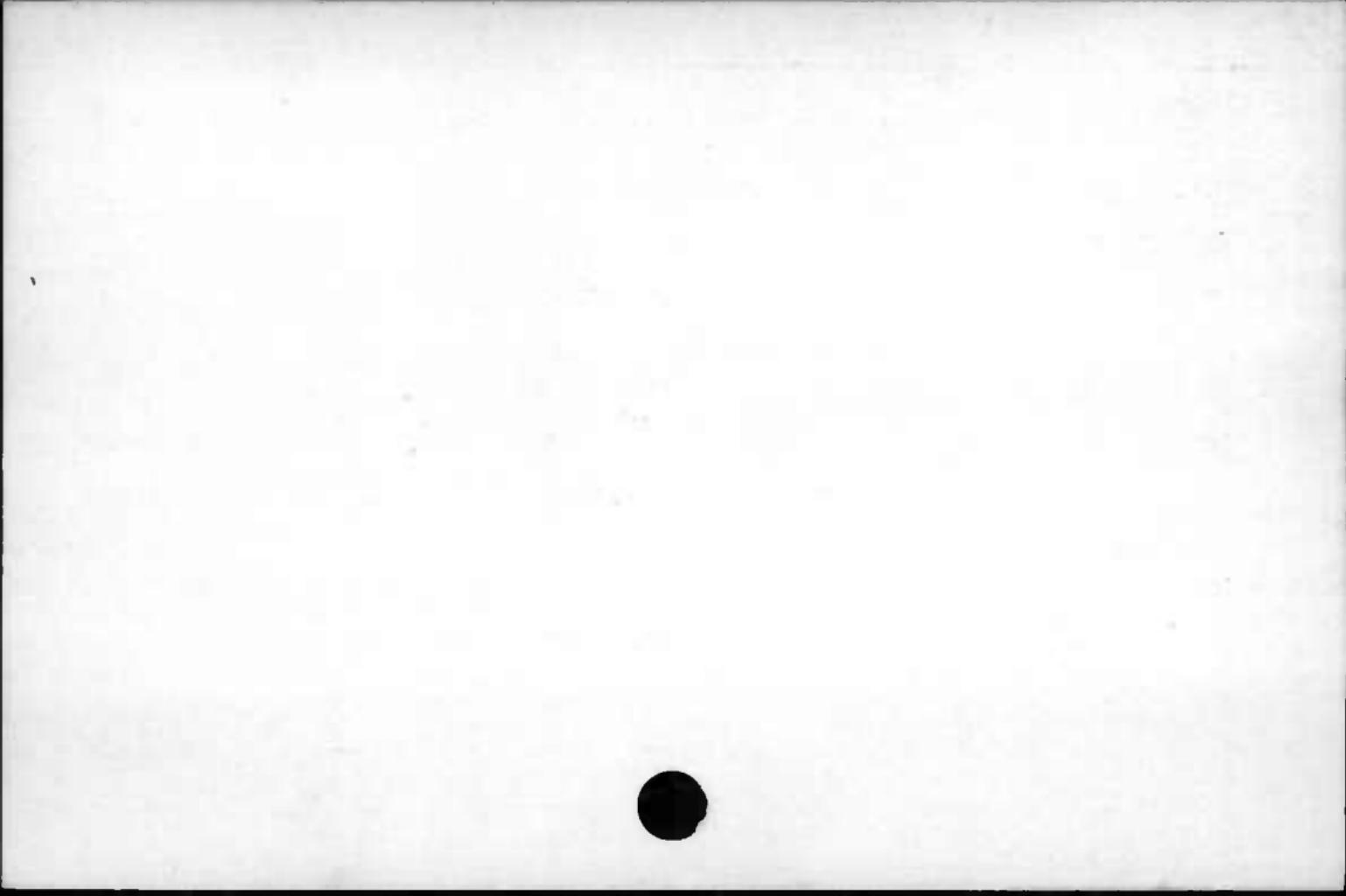
Yes

Signature of Physician

Address

George Younce  
Buckeystown  
Maryland

Accident or Suicide?



Name  
in  
Full

Albert Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

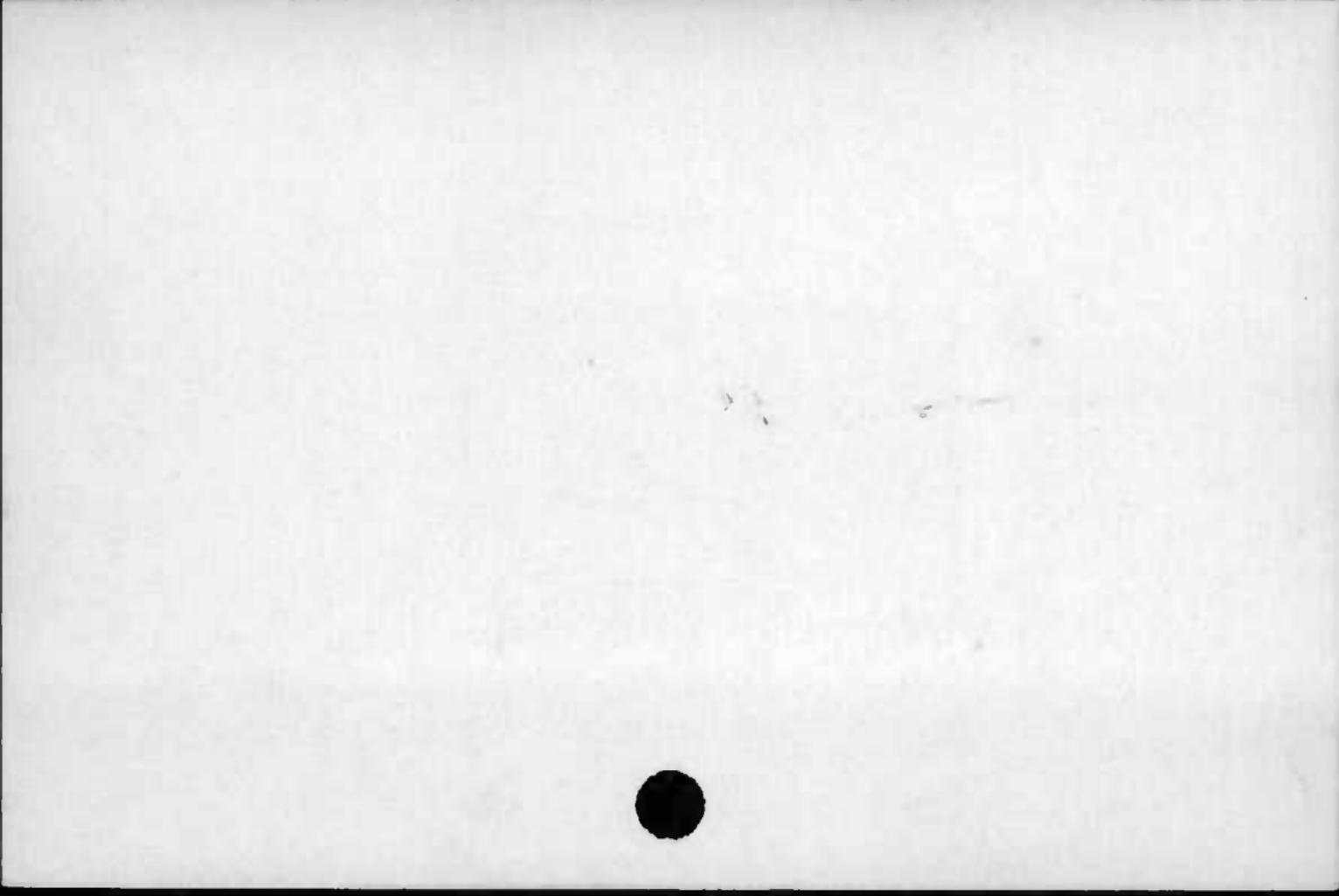
Died at		Town	County	MARYLAND	
Date of death	1904	Month	Day	Years	Months
Sex	Male	Color or Race	Age		Days
Occupation			Where Residing If not at place of death		
Married, Single or Widowed		Name of Wife or Husband		X	
Father's Name		X		Father's Birthplace X	
Mother's Maiden Name		X		Mother's Birthplace X	
Name of person giving Information		21		How related to deceased X	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis - Pulmonary Glanders	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

R. J. Lysne.  
Frederick  
Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hannah Johnson

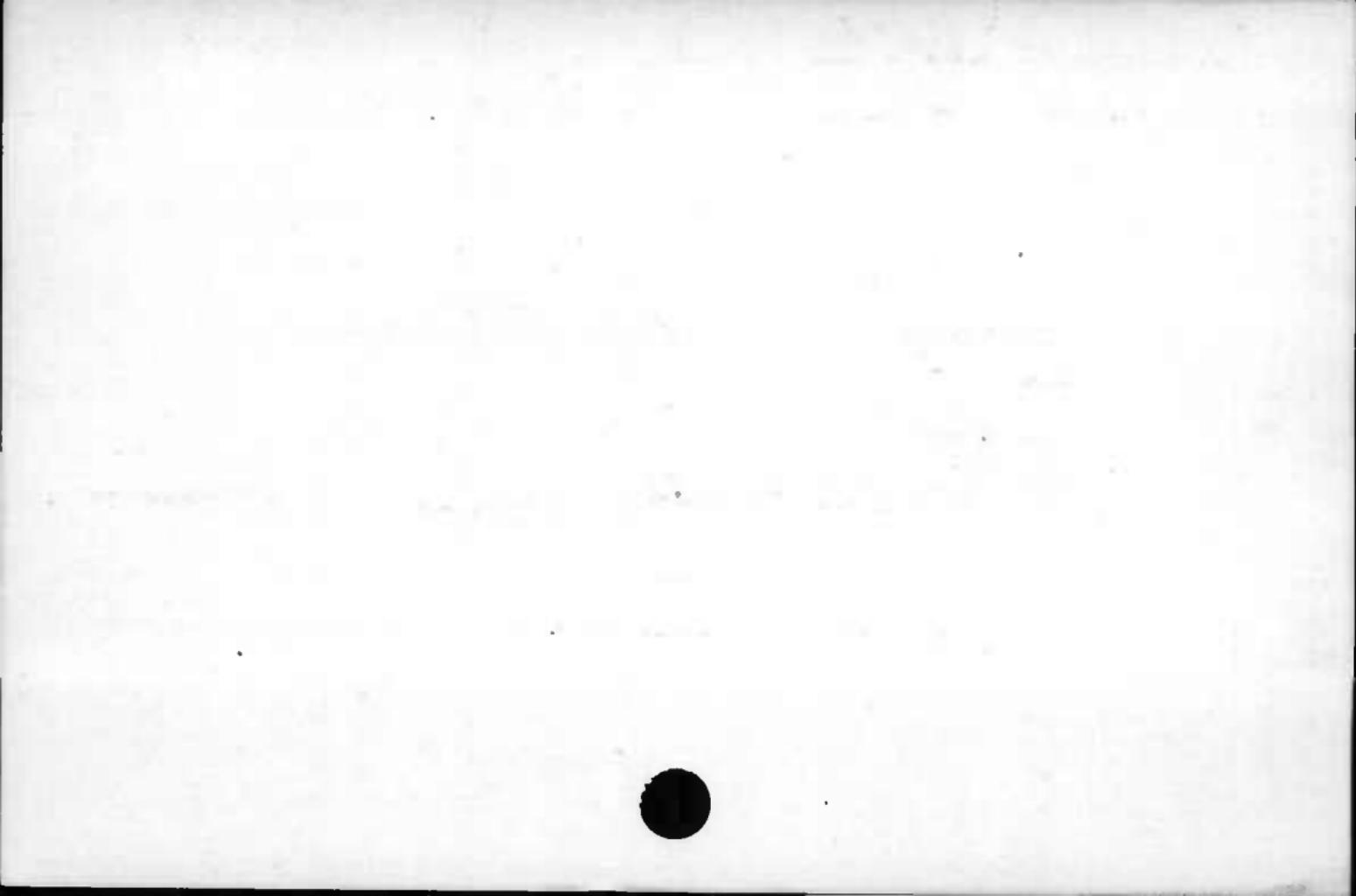
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Buckeytown</u>		Town	County <u>Frederick</u>			
Date of death <u>1906</u>	Month <u>May</u>	Day <u>27</u>	Age <u>51</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>			Birth-place <u>MD</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm H. Johnson</u>					
Father's Name <u>Henry Brown</u>	Father's Birthplace <u>MD</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>MD</u>					
Name of person giving information <u>Wm H. Johnson</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

Primary <u>Fatty degeneration of heart</u>	How long <u>Indefinite</u>
Immediate	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/> Yes	Signature of Physician <u>Clyde Rostam</u>
	Address <u>Buckeytown</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

John W Koll

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 5	Day 14	Age 88	Years	Months —
Sex	Male	Color or Race	White	Birth- place	Frederick Co Md	
Occupation	Retired Stone Mason			Where Residing if not at place of death	—	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Eliza Hitehew			
Father's Name	—			Father's Birthplace		
Mother's Maiden Name	—			Mother's Birthplace		
Name of person giving Information	Mrs. Owshees			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility.

How long

1 year.

Immediate

Apoplex

How long

3 days.

Are the name, age, sex, color, etc.  
and place correctly given above?

Signature of  
Physician

Address

T.B. Johnson.  
Frederick, Md.

Accident or Suicide?

Betty M. Olink

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<h1>Mary Jane Koll</h1>						CERTIFICATE OF DEATH	
Died at		Town Pearl	County Frederick		MARYLAND		
Date of death	1906	Month 5	Day 15	Age 73	Years 11	Months 0	Days 0
Sex	Female	Color or Race	White	Birth-place F. Co. Md			
Occupation	House Wife		Where Residing if not at place of death	Same			
Married, Single or Widowed	Married	Name or title of Husband	Samuel Koll	Father's Birthplace F. Co. Md			
Father's Name	John Crousewell		Mother's Birthplace " " "				
Mother's Maiden Name	Adelaide Philips		How related to deceased Son				
Name of person giving Information	Samuel W. Koll						

### CAUSES OF DEATH

Primary

Attack of Stomach

104  
How long

3 months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Geo H. Riggs

Jamesville Md 7.000

Accident or Suicide?

Mr. Carroll  
Rice

Name  
in  
Full

Ann M. Leafer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month May	Day 2 <sup>nd</sup>	Years 74	Months 11	Days 25-	
Sex	Female	Color or Race	White		Birth-place		
Occupation	Housewife		Where Residing if not at place of death		near Middletown		
Married, Single or Widowed	Widow	Name of Wife or Husband	Samuel Leafer		Father's Birthplace		
Father's Name	Geo. Shuler				Frederick Co. Md.		
Mother's Maiden Name	Elizabeth Remsberg				Mother's Birthplace		
Name of person giving Information	Tobias Mann				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease

(no)

How long

Dont know

Immediate

Paralysis

How long

Instantly

Are the name, age, sex, color, date and place correctly given above?

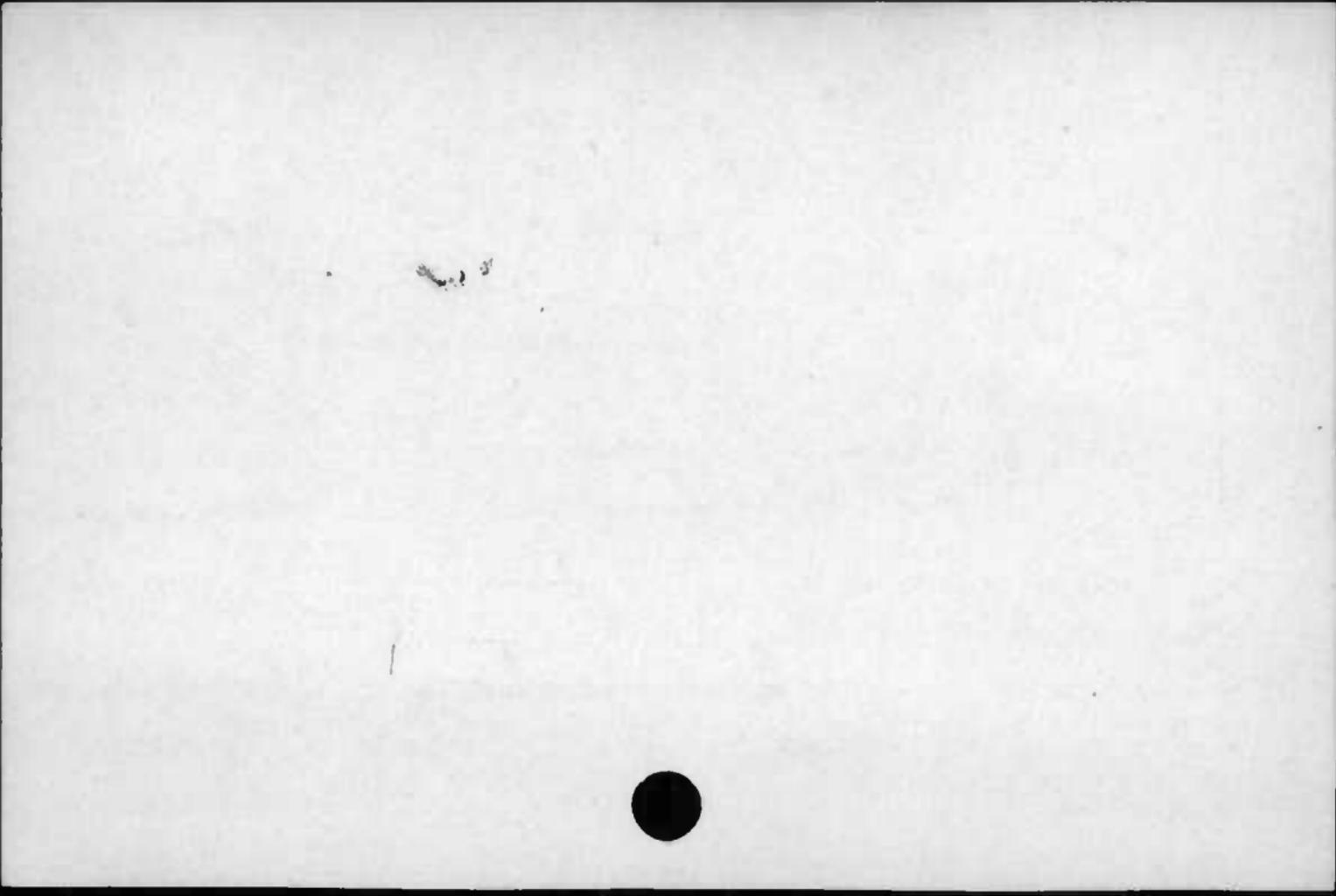
Yes

Signature of Physician

Address

Roy V. Hauser M.D.  
Middletown  
Md.

Accident or Suicide?



Name  
in  
Full

Jno. Henry Lemou

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

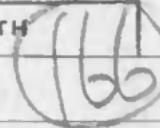
Died at		Town	County	MARYLAND	
Date of death	1906	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	74	8 13
Occupation	Retired Farmer			Where Residing if not at place of death	near Middletown
Married, Single or Widowed	Widower	Name of Wife or Husband	Nancie Lemou		
Father's Name				Father's Birthplace	Md.
Mother's Maiden Name	Nancie Horine			Mother's Birthplace	Md.
Name of person giving information	C. W. Huffman			How related to deceased	Son in Law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accident (Fall)



How long



Immediate

Internal hemorrhage

about 24 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Roy V Hanner  
Middletown

Md.

Accident or Suicide?

Accident



Name  
in  
Full

Savilla Gatharino Long

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Emmitsburg</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>2nd</u>	Years <u>76</u>	Months <u>10</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Adams Co. Pa</u>			
Occupation <u>Housekeeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Philip H. Long</u>				
Father's Name <u>Abraham Koerner</u>	Father's Birthplace <u>Adams Co. Pa.</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace				
Name of person giving information <u>Joseph H. Long</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(b) 1

How long

2 Weeks

Immediate

Gastritis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wertheimer  
Emmitsburg

Accident or Suicide?



Name  
in  
Full

Harriet M McDonald

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Frederick</b> <small>Town</small>		County <b>Frederick</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>5</b>	Day <b>19</b>	Years <b>58</b>	Months <b>3</b>	Days <b>3</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Frederick Md</b>			
Occupation <b>—</b>	Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>Frank P McDonald</b>	Father's Name <b>William Randolph Fleming</b>			
Father's Name <b>William Randolph Fleming</b>	Mother's Birthplace <b>Frederick Md</b>		Mother's Maiden Name <b>Matilda Hauser</b>		
Mother's Maiden Name <b>Matilda Hauser</b>	Mother's Birthplace <b>"</b>		Name of person giving information <b>Nick Fleming</b>		
How related to deceased <b>Brother</b>					

CAUSES OF DEATH

Primary **Recurrin Appendicitis - Peritonitis - During 10 years** How long

Immediate **Paroxysm of intestines** How long **one week**

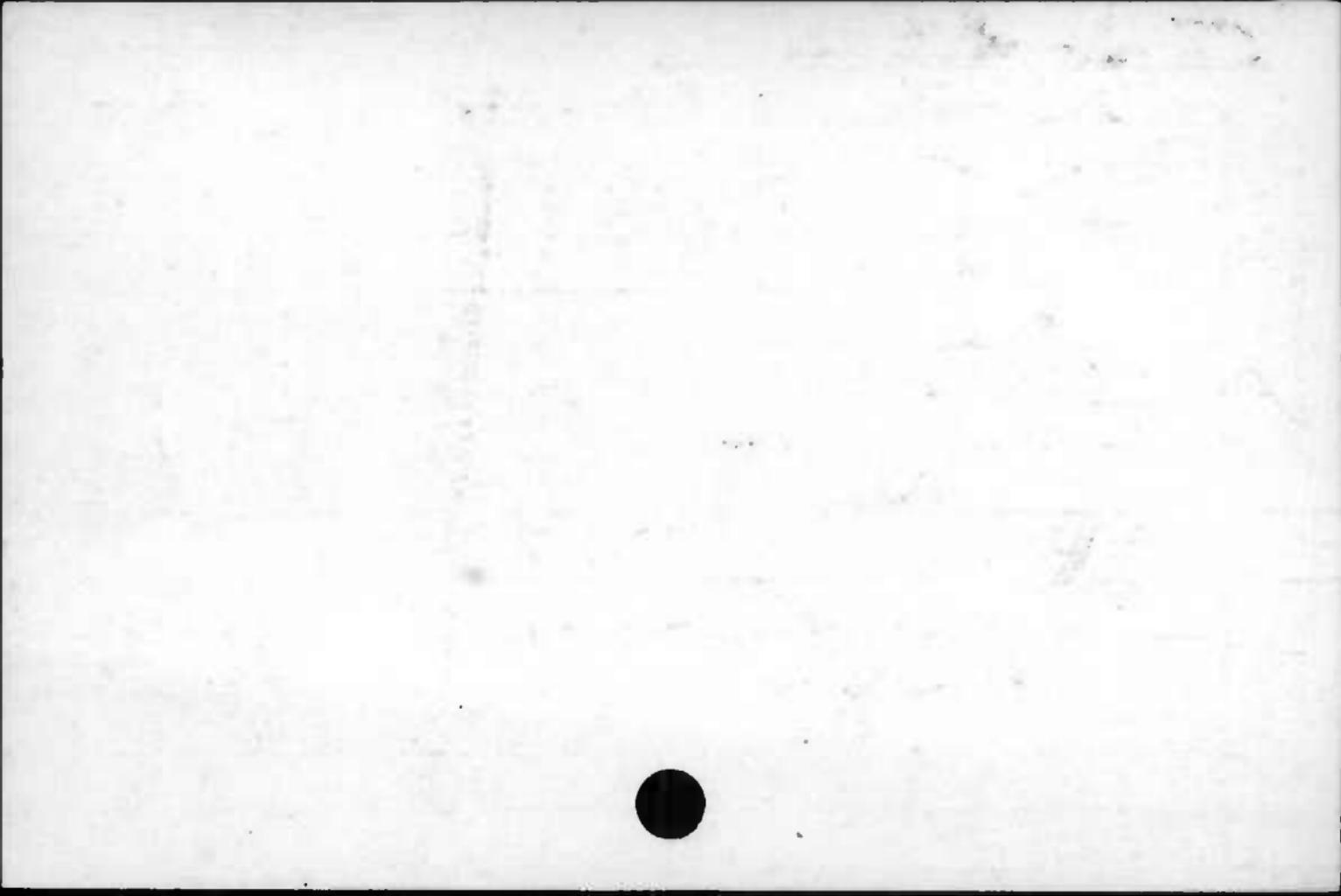
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. A. Hendrix, M.D.,  
Frederick, Md.*

Accident or Suicide? **—**



Name  
in  
Full

O'Brion) Katharine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Rickels Mills	Frederick				
Date of death	1906	Month 5	Day 6	Years 24	Months 3	Days 10
Sex	Female	Color or Race	White	Birth-place	Rickels Mills	
Occupation				Where Residing if not at place of death	Rickels Mills	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Chas O'Brion			Father's Birthplace	Scotch Irish	
Mother's Maiden Name	Jane Lennnett			Mother's Birthplace	Frederick County	
Name of person giving information	Mother			How related to deceased	Mother	
(36)						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Confinement (Very tedious)		How long	
Immediate	Asthma		How long	5 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. P. Fahney and	
		Address	Frederick Md.	
Accident or Suicide?				

F. Schreder May 5  
M. O.

Name  
in  
Full

Ebden Onley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 5	Day 27	Years 69	Months	Days 25
Sex	Female	Color or Race	Blonde		Birth-place	Md.
Occupation	N. W.	Where Residing if not at place of death			Charles Onley	
Married, Single	—	Name of Husband	Charles Onley			
Father's Name	X				Father's Birthplace	X
Mother's Maiden Name	X				Mother's Birthplace	X
Name of person giving information	Charles Onley			How related to deceased	Huband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Paroxysm

(6)

How long

4 months

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

No longer  
a g.

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs Sarah Peddicord

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	86	
Occupation	Housekeeper			Where Residing if not at place of death		
Marital Status or Widowed	Widow	Name or Title of Husband	Sarah Peddicord			
Father's Name	Michael Irons			Father's Birthplace	Md.	
Mother's Maiden Name	Don't know			Mother's Birthplace		
Name of person giving information	Louise Little			How related to deceased	Daughter	

## CAUSES OF DEATH

Primary	Natural cause		How long	Whole
Immediate	of old age		How long	months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John B. Brumback	
Yes		Address	Graniteburg Md	
Accident or Suicide?				



Name  
in  
Full

Helen C. Powell.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	5	16	4	3	4	
Sex	Female	Color or Race	White	Birth-place	Walkersville.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Jas. Powell			Father's Birthplace	Lexington	
Mother's Maiden Name	- -			Mother's Birthplace	Frederick.	
Name of person giving information	Father			How related to deceased	Parents.	

CAUSES OF DEATH

Primary	Sulphuric acid poisoning		How long
Immediate	Laryngeal stenosis.		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
yes.	J. H. Long.		
Address	Walkersville Md.		
Accident or Suicide?	Accident.		

PHYSICIAN  
OR CORONER

Mr. O. Ben  
Schroeder

Name  
in  
Full

Alexander Bandas

CERTIFICATE OF DEATH

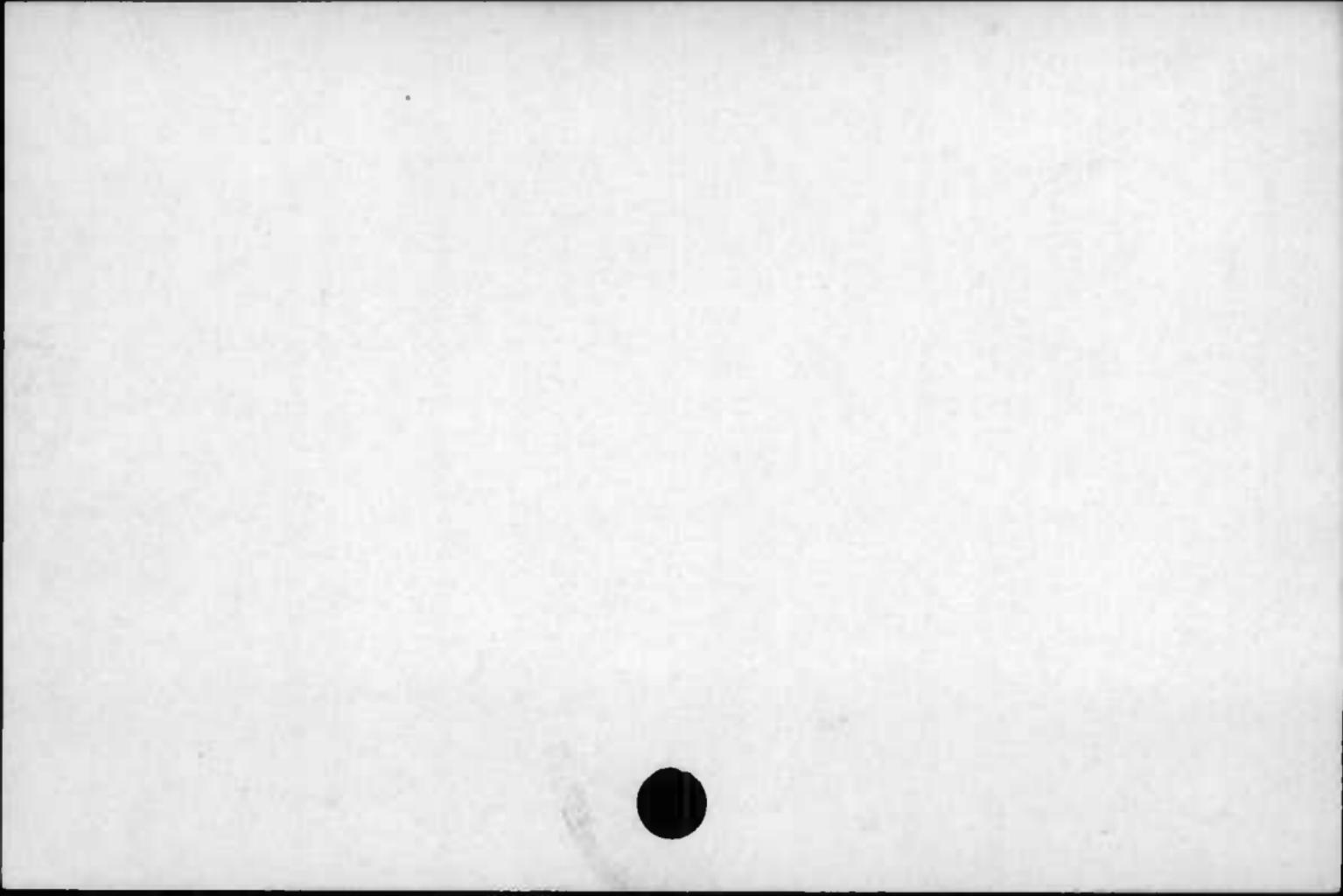
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Fredricks	"			
Date of death	Month	Day	Years	Months	Days
1906	5	13	Age. 17	—	—
Sex	Male	Color or Race	Beach	Birth-place	Md
Occupation	None	Where Residing if not at place of death	X		X
Married, Single <del>Married</del>	Name of Wife or Husband	X			
Father's Name	Wm Bandas	Father's Birthplace	Va		
Mother's Maiden Name	Hannah Nightengale	Mother's Birthplace	Va		
Name of person giving information	Wm Bandas	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Febriulosis	How long	8 mos
Immediate	Extravasation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. Goodell - MD
		Address	Fredricks - Md
Accident or Suicide?			



Name  
in  
Full

Hoake, Glenn Raymond,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 18		Birth- place	
Occupation	Farmer boy		Where Residing if not at place of death		(de)	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Martin Hoake			Father's Birthplace	Frederick	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Father			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gun shot wound (166) How long ~

Immediate (de) How long ~

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. P. Farney M.D.  
Frederick, Md

Address

Accident

Walkerville

Name  
in  
Full

Leslie H. Ruthven

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	May	12	2	-	-	
Sex	Male	Color or Race	white	Birth-place	Virginia	
Occupation	Name		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name or Wife or Husband			
Father's Name	George W. Ruthven		Father's Birthplace	Va		
Mother's Maiden Name	Sallie M. Mock		Mother's Birthplace	Va		
Name of person giving information	George W. Ruthven		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs		How long	
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Address	
Accident or Suicide?		Dr H. S. Hedges Brunswick Md		



Name  
in  
Full

Deliah R. Schroger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	in		County	MARYLAND					
Date of death	1906	Month	May	Day	27	Years	67	Months	7	Days	25
Sex	Woman	Color or Race	White		Birth-place	Maryland Anne Co					
Occupation	House Wife		Where Residing if not at place of death								
Married, Single or Widowed	Widowed	Name of Father or Husband	Lewis W. Schroger		Father's Name	Maryland					
Father's Name	Benjamin Poyor		Mother's Birthplace								
Mother's Maiden Name	Catherine Lewis		Mother's Name			Towerville					
Name of person giving information	Lewis C. Schroger		How related to deceased			Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Val. Disease of Heart

How long

2 years

19

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

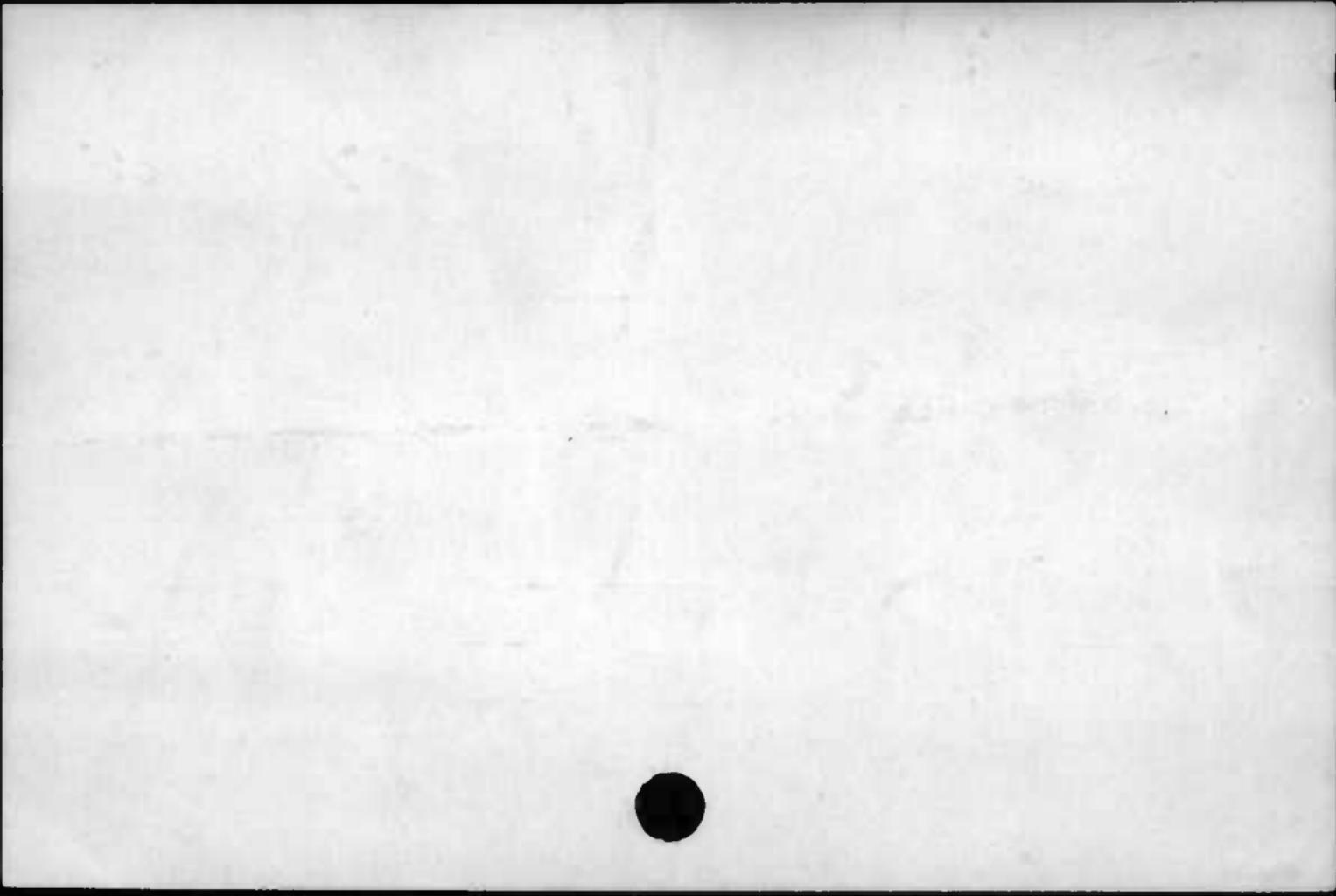
W. C. Wheeler

Address

Burnsboro

Maryland Washington Co

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Deege

CERTIFICATE OF DEATH

Died at <u>Fredens</u>		Town	County <u>"</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>5</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Wh</u>	Birth-place <u>Md</u>					
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>						
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>						
Father's Name <u>Philip Deege</u>	<u>S.</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>May Eliz. Brust</u>	<u>S.</u>			Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Philip Deege</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary

Still Birth

How long —

Immediate

Prolapsed Cord

How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. F. Goodell, M.D.  
Fredens, Md

Accident or Suicide?



Name  
in  
Full

George W. Liss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

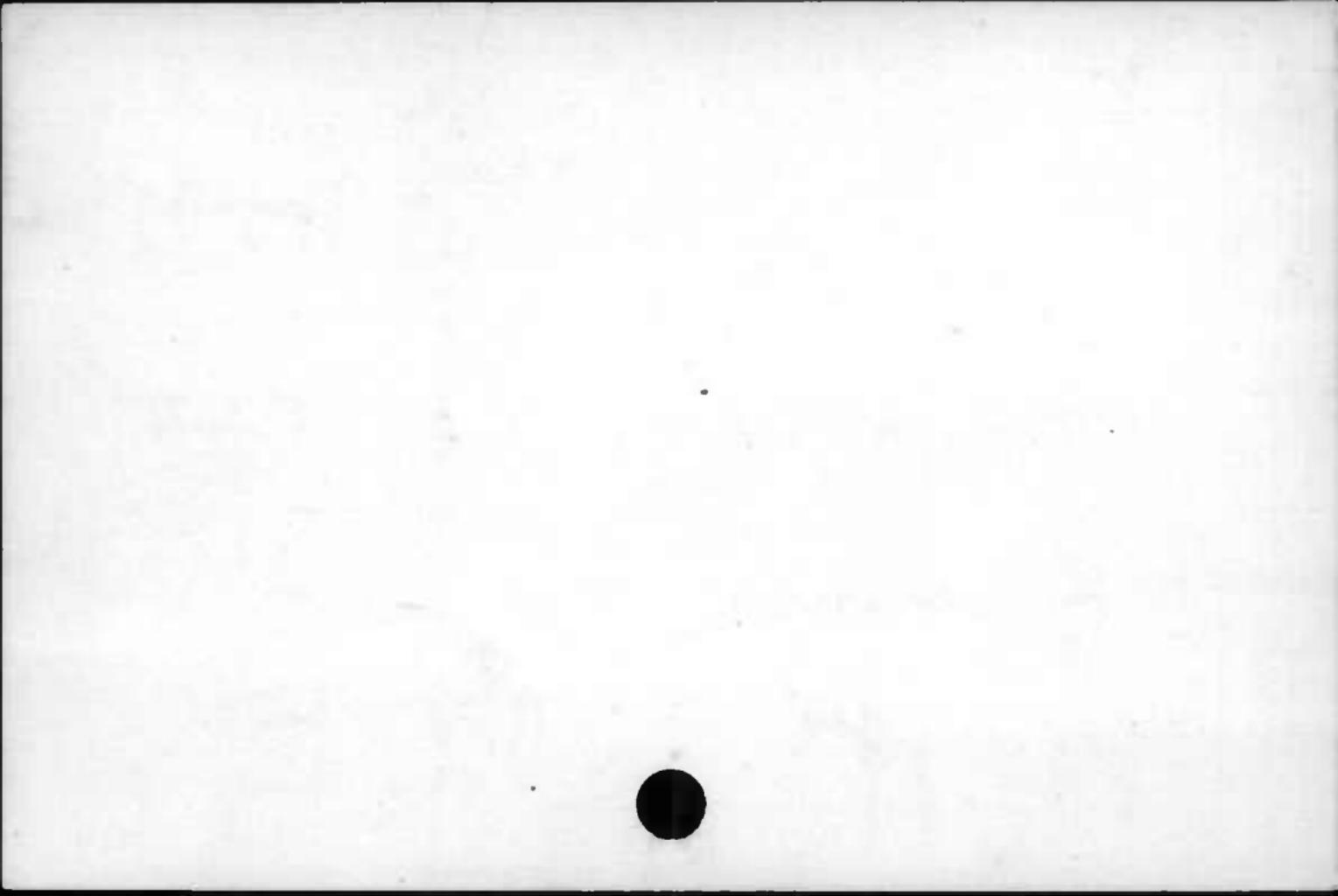
Died at <u>Montgomery Hospital</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>May</u>	Day <u>5/11</u>	Years <u>45</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Graceham</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>X</u>				
Father's Name	<u>Oscar Liss</u> <u>179</u>				
Mother's Maiden Name	<u>Freda</u>				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Gun's discharge</u> <u>179</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		

R. L. Lyons  
Albion  
mid



Name  
in  
Full

Elizabeth Shindledauer

CERTIFICATE OF DEATH

To BE ANSWERED BY

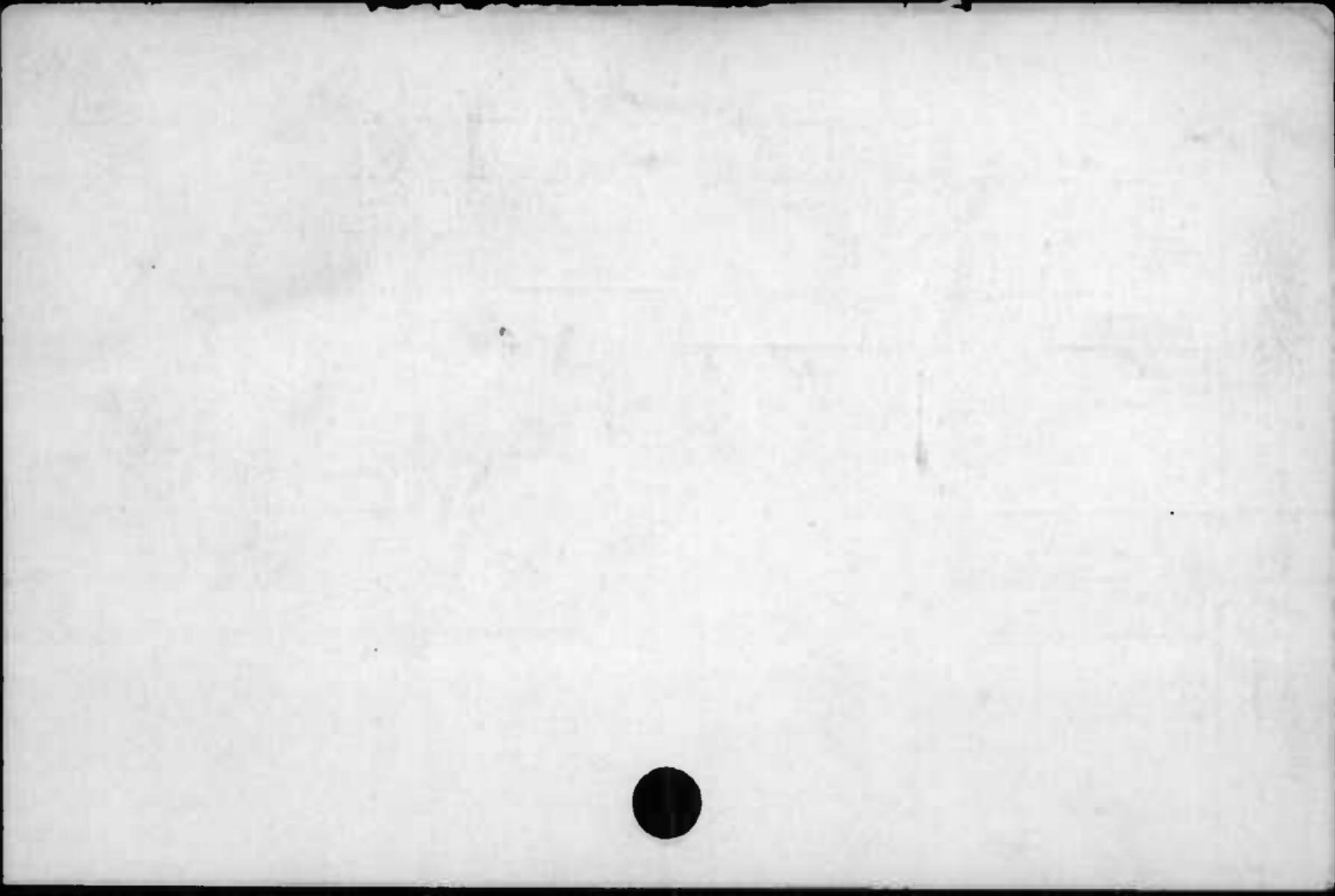
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	44	
Occupation	House-wife	Where Residing If not at place of death		Emmitsburg		
Married, Single or Widowed	Widow	Name of Wife or Husband	William Shindledauer			
Father's Name						
Mother's Maiden Name	Mary A Reeves	Father's Birthplace	Emmitsburg			
Name of person giving information	Tropic Tupper	Mother's Birthplace	Emmitsburg			
	(Initials)	How related to deceased	none			

CAUSES OF DEATH

Primary	Pneumonia (entral)		How long	One week
Immediate	Pneumonia Phthisis		How long	Seven weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. J. Jamison	
		Address	Emmitsburg Md.	
Accident or Suicide?				



Name  
in  
Full

J. Luther Smith

CERTIFICATE OF DEATH

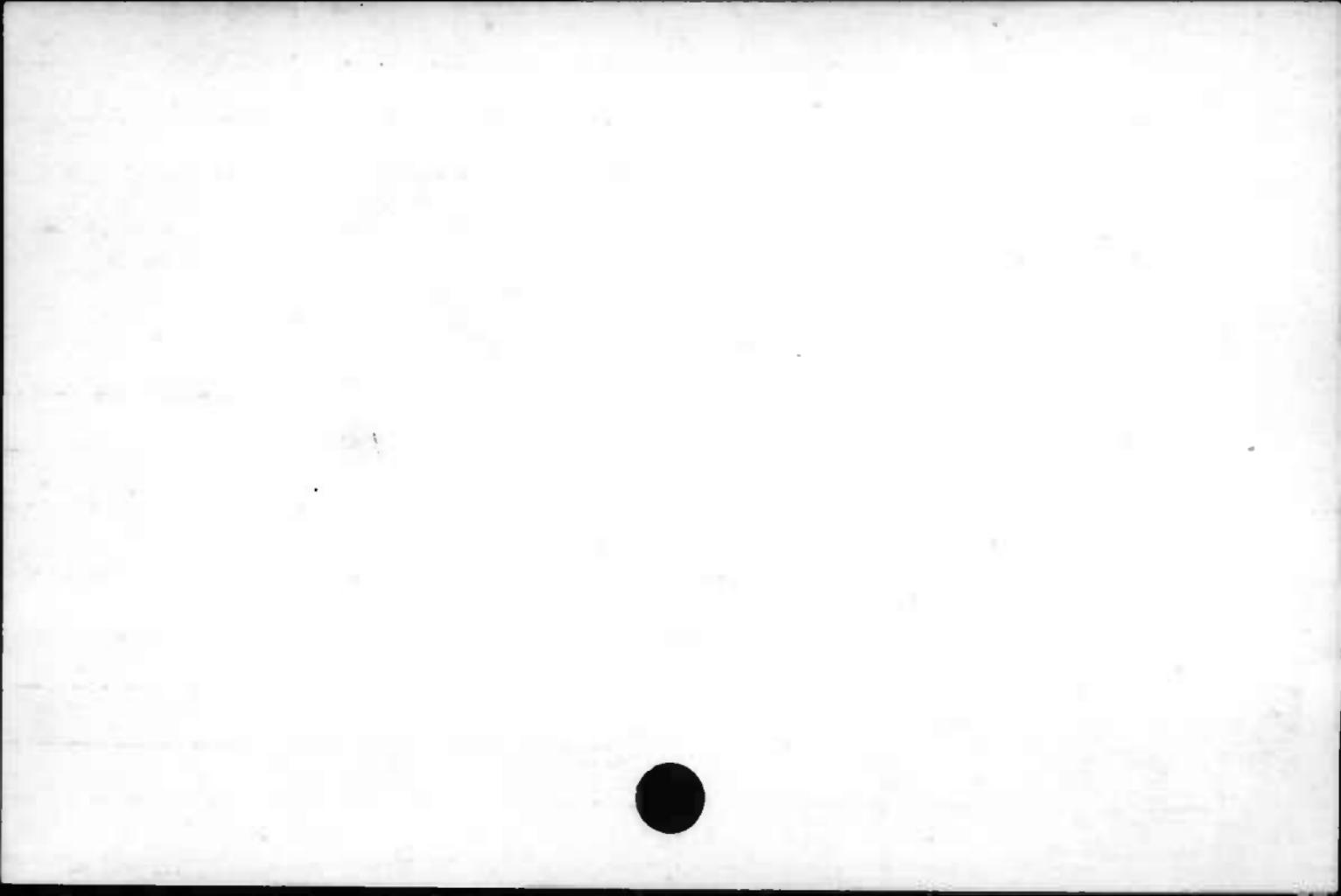
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Myersville</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>13</u>	Years <u>31</u>	Age	Months <u>6</u>	Days <u>24</u>
Sex <u>male</u>	Color or Race <u>white</u>	Where Residing if not at place of death		<u>at place of death</u>		
Occupation <u>Farmer</u>	Name of Wife or Husband <u>Annie Smith nee Marker</u>					
Married, Single or Widowed <u>Married</u>	Father's Name <u>Josiah J. Smith</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Ellen S. Fox</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>A. J. Smith</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

Primary <u>A complication of diseases</u>	How long <u>several yrs.</u>
Immediate <u>Acute Bright's Disease</u>	How long <u>2 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. J. Smith</u>
	Address <u>Wolfeville Md</u>
Accident or Suicide?	



Name  
in  
Full

Samuel Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Garfield		County	Frederick		MARYLAND			
Date of death	Month	5	Day	7	Years	65	Months	—	Days	20
Sex	Male	Color or Race	White	Birth-place	Forville	Garfield				
Occupation	Labor		Where Residing if not at place of death	Garfield						
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Smith	Father's Birthplace	Wolfsull					
Father's Name	Henry Smith		Mother's Birthplace		Forville					
Mother's Maiden Name	Catherine Swoope		How related to deceased		Brother					
Name of person giving information	William H. Smith									

CAUSES OF DEATH

Primary

Cancer of Stomach (40) One year

How long

How long

Immediate

Cancer of Stomach

Are the name, age, sex, color, date and place correctly given above?

yes

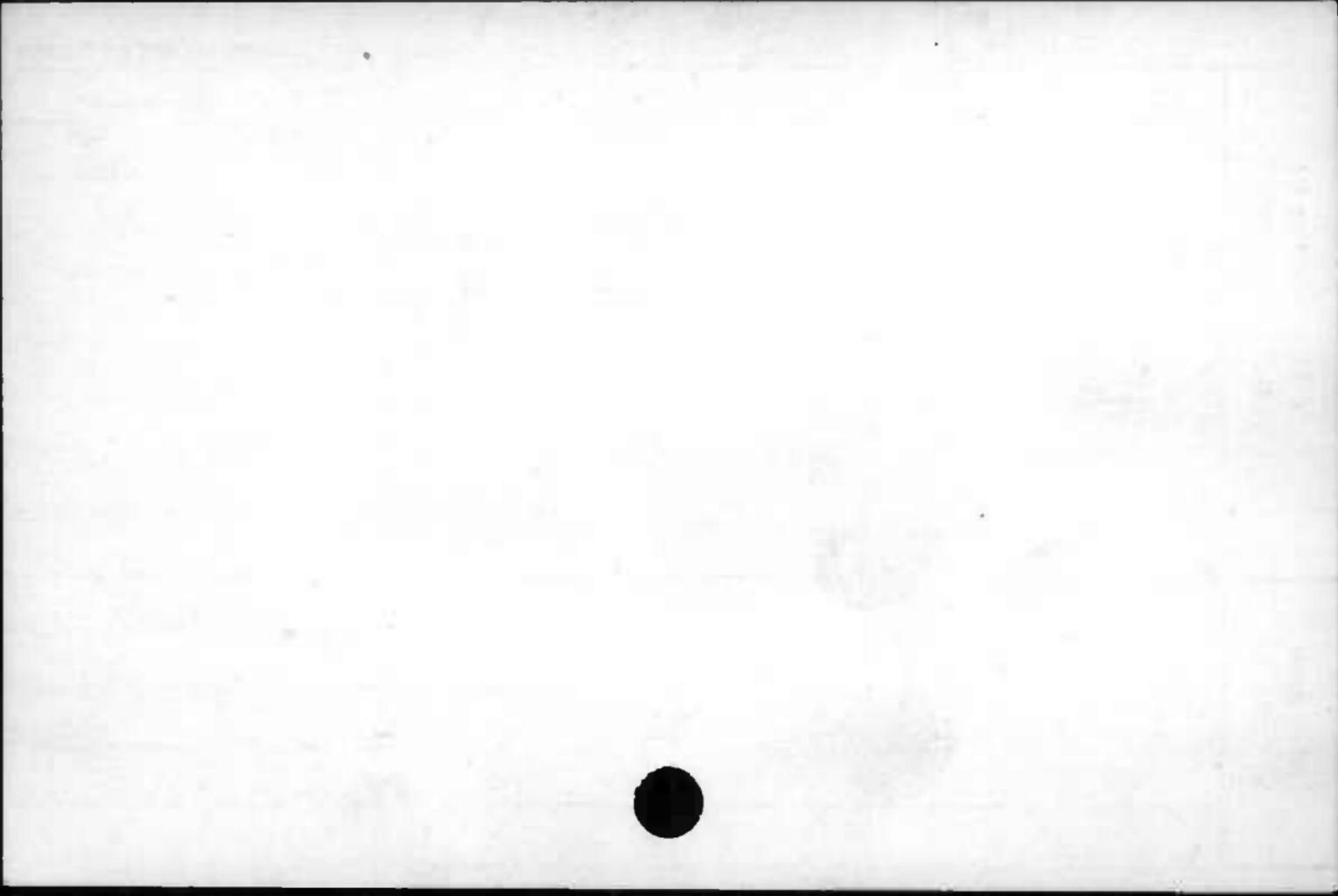
Signature of Physician

Dr. W. K. Fawver

Address

Smithsburg  
Md

Accident or Suicide?



Name  
in  
Full

Martin Van Buren Stattmeyer

CERTIFICATE OF DEATH

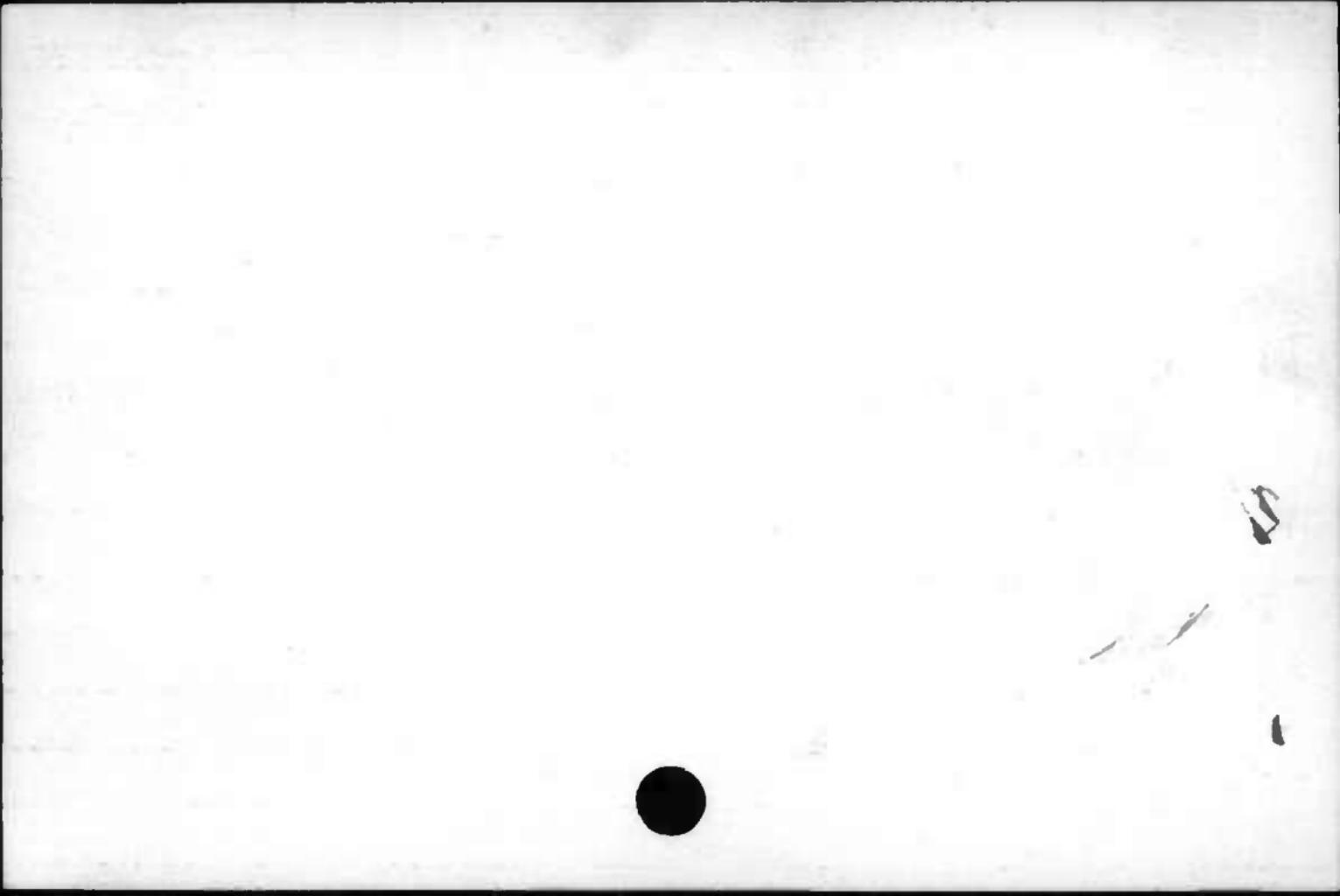
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Garfield</u>		Town <u>Frederick</u> County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>31</u>	Age <u>66</u>	Years	Months <u>3</u> Days <u>nd</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>3rd</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>John M. Stattmeyer</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Harriet Hays</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>J. W. Lewis</u>	How related to deceased <u>neighbor</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate <u>Apoplexy</u>		How long <u>Found Dead</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. J. Smith</u>	Address <u>Five Points</u> <u>Md.</u>
Accident or Suicide?		



Name  
in  
Full

Josiah S. Thomas

CERTIFICATE OF DEATH

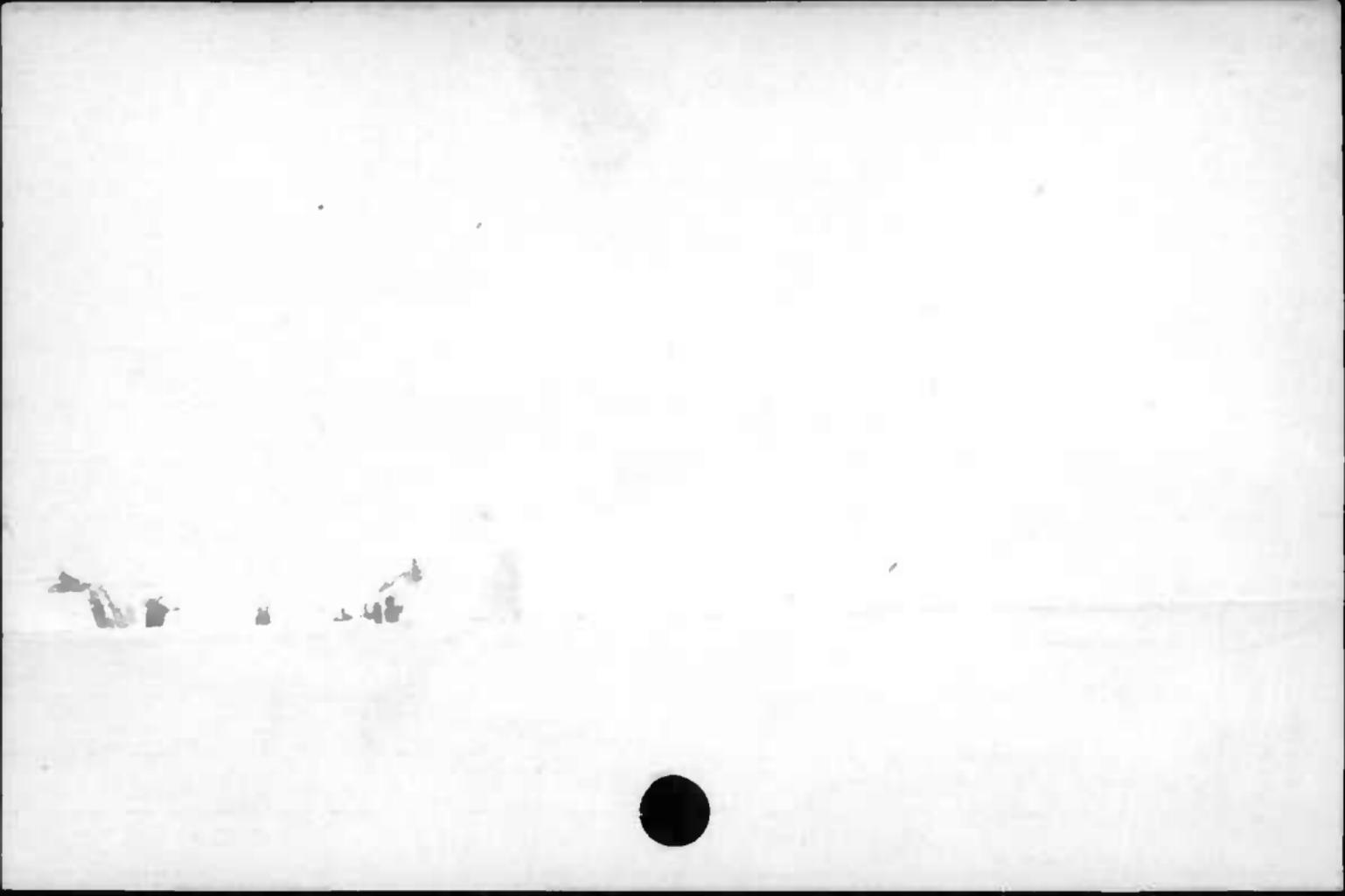
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Adams凌屋		Frederick			
Date of death	1906	Month 5	Day 24	Years 80.	Months 4
Sex	Male	Color or Race	White	Birth-place	Frederick Co. Md
Married, Single or Widowed	Married	Occupation	Farmer		
Name of Wife or Husband	Josiah S. Thomas				
Father's Name	Peter Thomas			Father's Birthplace	Frederick Co. Md
Mother's Maiden Name	Susan Wolfe			Mother's Birthplace	Jefferson Co. Md
Name of person giving information	Wife of deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility (20)		How long 2 yrs.
Immediate	Acute Alremia		How long 10 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address		OP Conley Adams凌屋 Md
Accident or Suicide?			



Name  
in  
Full

Mrs Ada A. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Died at		Jamaville	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	5	7th	66	11	8		
Sex	Female	Color or Race	white	Birth-place	Epping, England		
Occupation	Where Residing if not at place of death					at place of death	
Married, Single or Widowed	Married	Name of wife or Husband	Herbert Thompson				
Father's Name	Andrews					Father's Birthplace	England
Mother's Maiden Name	Emma Miles					Mother's Birthplace	England
Name of person giving information	Herbert Thompson					How related to deceased	Husband

CAUSES OF DEATH

Primary	Bright's Disease	120	How long	Six months
Immediate	Watkins Corners		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	George N. Riggs M.D.	
		Address	Jamaville, Maryland	
Accident or Suicide?	no			

Betty M. Oliver

Name  
in  
Full

Ms Margaret Tyson.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Indुnes(own)</u>		County <u>Indunes.</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>17</u>	Age <u>75.</u>	Years <u>75.</u>	Months <u>9.</u>	Days <u>29.</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death <u>X</u>				
Occupation <u>Waver</u>						<u>Indunes(kg)</u>
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband					
Father's Name <u>Peter Manly</u>	Father's Birthplace <u>Indunes(kg)</u>					
Mother's Maiden Name <u>Elizabeth Matherly</u>	Mother's Birthplace					
Name of person giving Information <u>M. P. &amp; D. Manly</u>	How related to deceased <u>Mrs</u>					

CAUSES OF DEATH

Primary

Chronic Intestinal Malaria

How long

Gradual

Immediate

Uraemia

How long

Surge works

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

120  
J. B. Johnson  
Indunes(kg)

Accident or Suicide?



Name  
in  
Full

Sarah Umbarger No. 15

CERTIFICATE OF DEATH

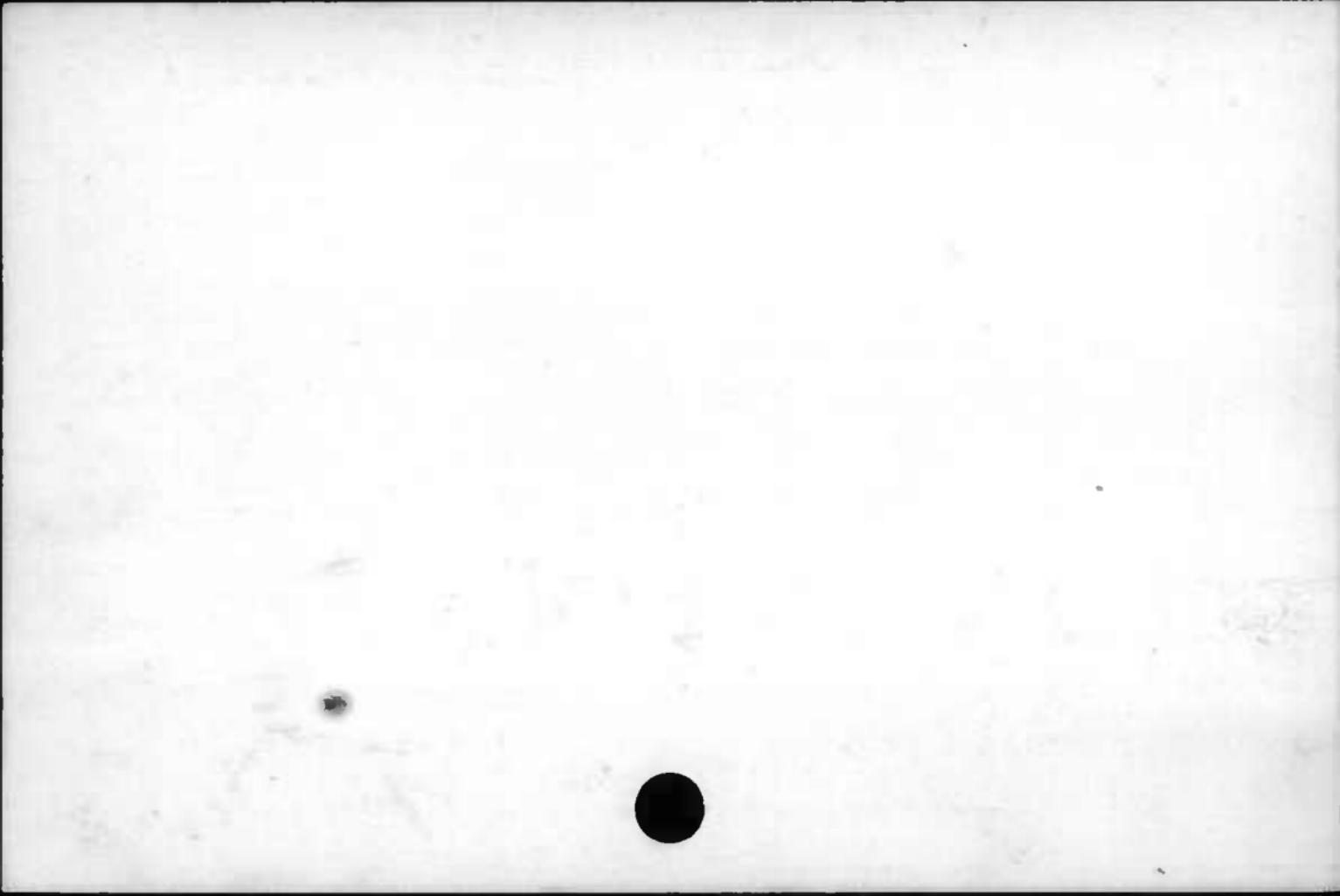
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	1906	Month May	Day 15	Years 57	Months	Days
Sex	Female		Color or Race	white	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mrs. S. Umbarger			
Father's Name	Upton Shipley		Father's Birthplace		Maryland.	
Mother's Maiden Name	—		Mother's Birthplace		"	
Name of person giving information	Mollie Baker		How related to deceased		daughter	

CAUSES OF DEATH

Primary	Aortic Stenosis		④	How long	for years
Immediate	Apoplectic			How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. H. Hopkins	
			Address	New Market, FRED. Co., Maryland	
Accident or Suicide?		no.	LIBRARY BUREAU 468816		



Name  
in  
Full

Beeulah Whipp

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Near Town County  
Died Shocks town Frederick

MARYLAND

Date of death 1906	Month 5	Day 22	Years 1	Months 2	Days —
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Sex Female

Color or Race

White

Birth-place F. Co. Md.

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Geo. Whipp

Father's  
Birthplace

F. Co. Md

Mother's  
Maiden Name

Lucy Harris

Mother's  
Birthplace

" " "

Name of person giving  
Information

Chas. Kline.

How related  
to deceased

Uncle

CAUSES OF DEATH

Primary

Enteritis

(105)

How long

48 hr

Immediate

Convulsions

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

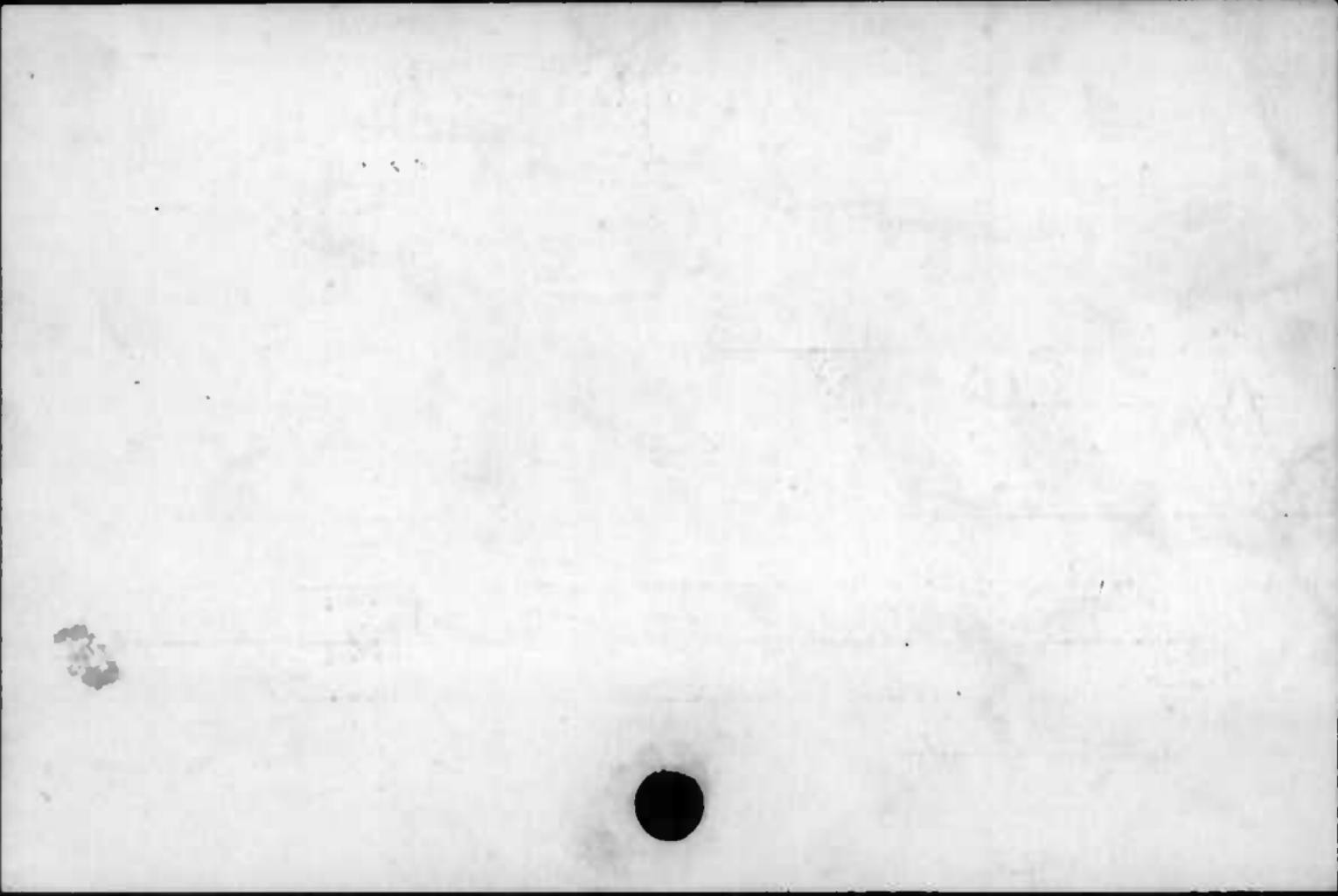
Signature of  
Physician

Address

Frank Hedges  
Frederick

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Sarah Francis Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at near Park Mills		Town	County	MARYLAND		
Date of death 1906	Month May	Day	Years 50	Months	Days	
Sex Female	Color or Race white	Occupation Housewife	Birth- place Md			
Married, Single or Widowed Married						
Name of Wife or Husband David Yingling						
Father's Name			Father's Birthplace	—		
Mother's Maiden Name			Mother's Birthplace	—		
Name of person giving Information Geo Peter	19		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Unknown - found dead.

How long

OK

Important

Are the name, age, sex, color, date  
and place correctly given above?

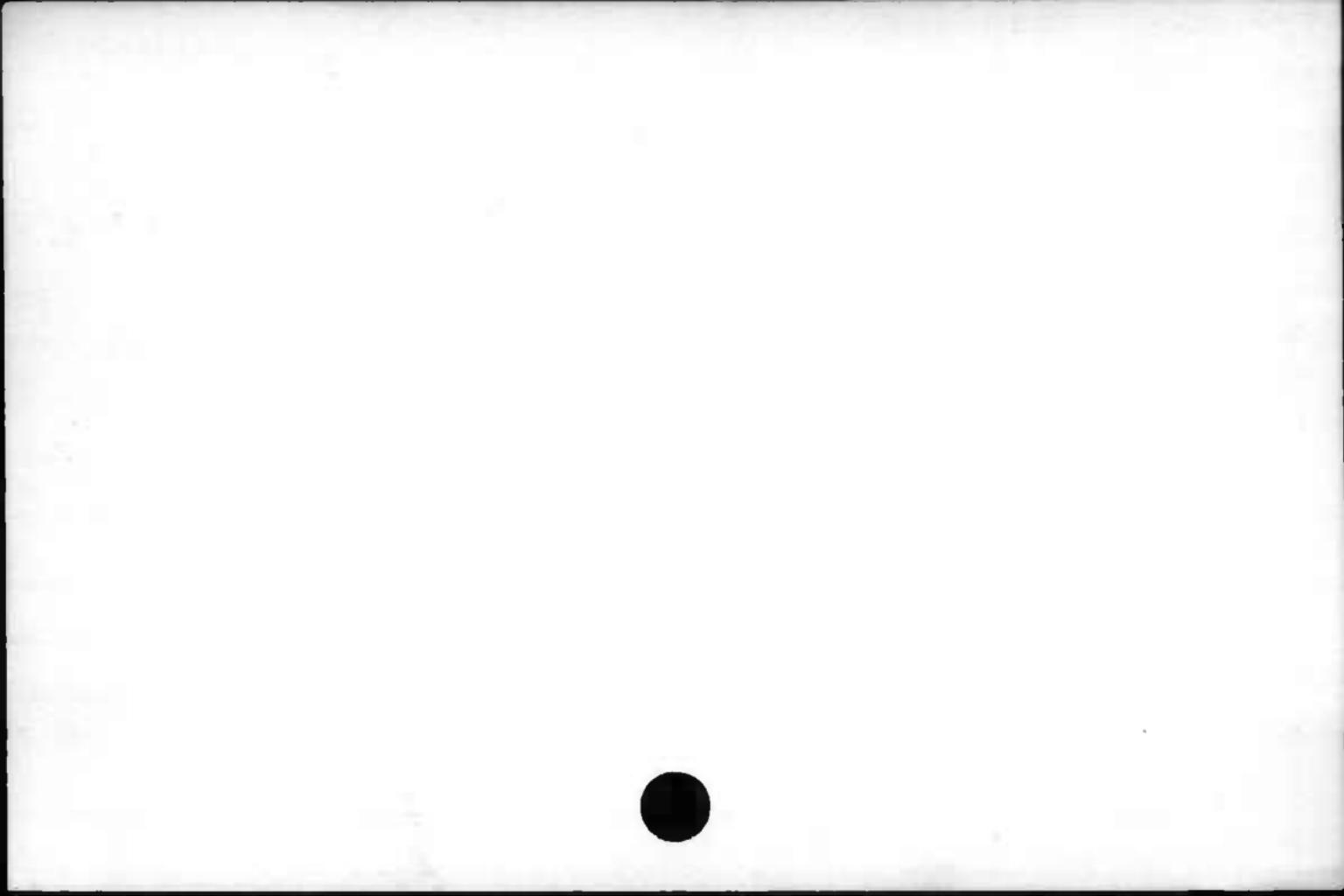
Signature of  
Physician

Address

Dr. T. E. R. MILLER,

FREDERICK, MO.

Accident or Suicide?



Name  
in  
Full

Charles a Young

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Age	7 23
Occupation	Color or Race	Where Residing if not at place of death	at same
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Charlie T.K. Young	Father's Birthplace	Middletown
Mother's Maiden Name	Alice Sinsel	Mother's Birthplace	Middletown
Name of person giving Information	Chas TK Young	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Epilepsy

(69)

How long

7 months  
2 days

Immediate

Pulmonary oedema

Latimer

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

73 E Church St

Frederick

Accident or Suicide?

